



BOLLINGER SPORTS & LEISURE



**RPS Bollinger Sports & Leisure  
Sports Academy Application**

Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Information**

Name of Sports Academy \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Other \_\_\_\_\_  
(describe)

Organization is:  For Profit  Not For Profit FEIN \_\_\_\_\_

Years in Operation \_\_\_\_\_ Web Site Address \_\_\_\_\_

Proposed Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about RPS Bollinger? \_\_\_\_\_

**Current Coverage Information**

**General Liability**

Ins. Company \_\_\_\_\_

Limits:

Occurrence \_\_\_\_\_

Aggregate \_\_\_\_\_

Current Rate \_\_\_\_\_

Annual Premium \_\_\_\_\_

Any losses in the last 3 years?  Yes  No

**Accident Medical**

Ins. Company: \_\_\_\_\_

Limit: \_\_\_\_\_

Deductible \_\_\_\_\_

Aggregate \_\_\_\_\_

Current Rate \_\_\_\_\_

Annual Premium \_\_\_\_\_

Any losses in the last 3 years?  Yes  No

**If yes, please include complete loss history for all coverages.**

Hired and Non-owned Auto coverage included?  Yes  No Annual Auto Rental costs, if any: \$ \_\_\_\_\_

**Coverages Desired**

General Liability  Yes  No Required Limit \_\_\_\_\_

Sexual Abuse and Molestation  Yes  No Required Limit \_\_\_\_\_

Accident Insurance  Yes  No Required Limit \_\_\_\_\_

Hired and Non-owned Auto  Yes  No Required Limit \_\_\_\_\_

Equipment  Yes  No Required Limit \_\_\_\_\_

Crime Insurance  Yes  No Required Limit \_\_\_\_\_

## General Program Information

Do you register some or all players with a National Sports Organization? (i.e., Little League, Pop Warner, AAU)  Yes  No

If yes, what organization and for what reason (tournaments?): \_\_\_\_\_

What rules and regulations do you use for league play? (i.e., NCAA, NFHS, your own?) \_\_\_\_\_

Are coaches certified?  Yes  No If yes, by whom? \_\_\_\_\_ Are coaches paid?  Yes  No

Are officials/referees certified?  Yes  No If yes, by whom? \_\_\_\_\_ Are officials/referees paid?  Yes  No

Do coaches/officials sign a contract indicating that they are independent contractors?  Yes  No

Is there a written safety program?  Yes  No

Do you utilize a waiver form?  Yes  No **Waivers are required for all risks. Please submit a copy.**

Are there any travel teams?  Yes  No If so, how far? \_\_\_\_\_

Any overnight travel?  Yes  No How often? \_\_\_\_\_

Who arranges overnight travel? \_\_\_\_\_

Do you require persons certified in First Aid and CPR onsite or immediately available at all times?  Yes  No

## Academy Information

Do you have a website that advertises your business? Web Address: \_\_\_\_\_

Total annual academy revenue: \_\_\_\_\_

Do you sell concessions?  Yes  No

Revenue obtained from Food/Concession Sales: \$ \_\_\_\_\_

Revenue obtained from Merchandise Sales: \$ \_\_\_\_\_

Are any of the following used in your operation?

Amusement Rides  Yes  No

Climbing Walls  Yes  No

Fireworks  Yes  No

Food/Alcohol Vendors  Yes  No

Inflatables (bounce house, etc)  Yes  No

Swimming Pools  Yes  No

Other (Please describe)  Yes  No If Yes, \_\_\_\_\_

## Fields/Facilities

How many fields/facilities are utilized:

Privately owned # \_\_\_\_\_  Organization owned # \_\_\_\_\_  Municipality owned # \_\_\_\_\_

Who is responsible for field/facility maintenance?  Your organization  Landlord

Is your organization responsible for any field/facility 24 hours a day?  Yes  No

Name and address of this venue: \_\_\_\_\_

**Sexual Abuse Liability Underwriting**

Does your employment and volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No

Do you routinely request and receive background investigations on the following individuals? Employees  Yes  No  
Volunteers  Yes  No

Do you discuss (at staff/volunteer orientations) child/sexual abuse prevention and awareness, including how to recognize the signs, and what to do if a member reports someone molested him/her, etc.?  Yes  No

Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities and media if you have an incident of abuse?  Yes  No

Have you ever had an incident that resulted in an allegation of physical or sexual abuse?  Yes  No

If yes, please describe the allegation in full \_\_\_\_\_  
\_\_\_\_\_

What was the outcome of the claim? \_\_\_\_\_

If damages were paid, what was the total amount? \$ \_\_\_\_\_

**Additional Insured Information**

Are any additional insureds required?  Yes  No If yes, please list names, addresses and relationships

\_\_\_\_\_

Are certificates of insurance required?  Yes  No If yes, please list names and addresses.

\_\_\_\_\_

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your applications, your premium payment will be refunded.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the claim for each such violation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If submitting on behalf of a client:

Name of Insurance Agent/Producer (if any) \_\_\_\_\_

Insurance Agent/Producer City, State, Zip \_\_\_\_\_

Insurance Agent/Producer Telephone Number \_\_\_\_\_

**Participant Census**

<b>Operations</b>	<b>Ages</b>	<b>Number of Participants</b>	<b>Annual Revenue</b>	<b>Duration of Daily Session</b>	<b>Start Date</b>	<b>End Date</b>
Individual Training						
Camps						
Clinics						
Tournaments						
Leagues by Sport						



BOLLINGER SPORTS & LEISURE

Markel Insurance Company



### Concussion Supplement

Markel Agent Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

Does your concussion management include the following?

1. Compliance with the most recent applicable laws in your state(s) relating to concussion?  Yes  No

[State Laws on Traumatic Brain Injury](#)

2. A protocol for handling potential concussion events outlined as part of your emergency action plan?  Yes  No

3. Physicals prior to participation?  Yes  No

4. Use of headgear and other protective equipment that is approved by a recognized and authoritative certifying organization?  N/A  Yes  No

5. Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach?  Yes  No

6. A meeting or distribution of information where all coaches and volunteers are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments.  Yes  No

7. Immediate removal of a participant who appears to have suffered a head injury or concussion?  Yes  No

8. Implementation of a program where prior to any activity, all of the following:

- Participants (youth and/or adult)
- Parents/legal guardians of youth participants
- Coaches

are provided with concussion-awareness education material, such as the free "Heads Up: Concussion in Youth Sports" program, and are required to sign an acknowledgement receipt.  Yes  No

- Information can be obtained at: <http://www.cdc.gov/HeadsUp/index.html>
- At minimum, review the following documents:
  - Fact sheet for coaches on concussion
  - Fact sheet for athletes on concussion
  - Fact sheet for parents on concussion
  - Clipboard with concussion facts for coaches

9. A Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:

- Visit a licensed health care professional for evaluation and clearance, AND
- Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play.  Yes  No

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**NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

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