

- 5) If No, are you responsible for maintaining any building and/or premises used by the Association/League/Club? Yes No
What are the maintenance responsibilities (if any) _____
- 6) Does your Association/League/Club abide by, and have, written by-laws and/or constitution? Yes No
- 7) Has the type of insurance applying for ever been: Cancelled Declined Non-Renewed
If any item is checked, please explain: _____
- 8) Do you require participants and/or parents to sign Hold Harmless Agreements (waiver/release forms) when registering for sports to be covered as stated above? Yes No (This is a requirement for the General Liability Policy).
- 9) Are the sports to be covered: Interscholastic, Intercollegiate, Professional or Semi-Professional? Yes No

SECTION 4 – PARTICIPANT / ACTIVITY EXPOSURE (REQUIRED)

What are the activities / events? Camp(s) / Clinic(s) League(s) / Team(s) / Association(s) Tournament(s)
PLEASE ENTER THE EXACT NUMBER OF PARTICIPANTS AND COACHES FOR EACH AGE GROUP AND SPORT.

| SPORT / ACTIVITY | 12 & Under | 13 – 15 | 16 – 18 | 19 & Over | # of Days | Day or Overnight |
|--|------------|---------|---------|-----------|-----------|------------------|
| Archery | | | | | | |
| Badminton | | | | | | |
| Baseball | | | | | | |
| Basketball | | | | | | |
| Bowling League | | | | | | |
| Cheerleading | | | | | | |
| Coaches, Officials, Umpires | | | | | | |
| Crewing, Rowing, Sculling | | | | | | |
| Cricket / Squash | | | | | | |
| Cross Country | | | | | | |
| Curling | | | | | | |
| Fencing | | | | | | |
| Football – FLAG or TOUCH | | | | | | |
| Football – TACKLE or RUGBY | | | | | | |
| Golf | | | | | | |
| Hand / Kickball Racquetball | | | | | | |
| Ice or Roller Hockey - No Checking | | | | | | |
| Indoor Table Hockey | | | | | | |
| Lacrosse or Field Hockey - Non Contact | | | | | | |
| Lacrosse or Field Hockey - Contact | | | | | | |
| Soccer | | | | | | |
| Softball | | | | | | |
| Swimming | | | | | | |
| Tennis | | | | | | |
| Track | | | | | | |
| Track & Field | | | | | | |
| Volleyball | | | | | | |
| Wrestling | | | | | | |

List any other Sport/Activity that is not on the above chart that you would like considered:

(Note: Some sports/activities or age groups may not be available for coverage under our program.)

| SPORT ACTIVITY | Please give exact number of participants. | | | | | |
|----------------|---|-------|-------|------|-----------|--------|
| | 12 & | 13-15 | 16-18 | 19 & | # of Days | Day or |
| | | | | | | |

| | | | | | | |
|--|--------------|--|--|-------------|--|------------------|
| | Under | | | OVER | | Overnight |
| | | | | | | |

SECTION 6 – PRIOR INSURANCE COVERAGE(S) (REQUIRED)

| Coverage | Insurance Carrier | Agency, Agent or Broker | Coverage Limit(s) | Deductible (if any) | Premium | Would you like this quoted? | |
|---------------------------------------|--------------------------|--------------------------------|--------------------------|----------------------------|----------------|------------------------------------|--------------------------|
| | | | | | | Yes | No |
| General Liability | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Excess Accident | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Abuse & Molestation | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports Equipment Coverage | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishonesty Bond | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 7 – SEXUAL ABUSE AND MOLESTATION COVERAGE(S) (REQUIRED TO OBTAIN COVERAGE QUOTE)

- Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? **Yes** **No**
- a) Does your state permit you to do criminal background investigations? **Yes** **No**
b) If yes, do you routinely request and receive such background investigations? **Yes** **No**
- Do you verify employment related references? **Yes** **No**
- Do you conduct a personal interview? **Yes** **No**
- Do you have written procedures for dealing with sexual abuse? **Yes** **No**
If yes, please attach a copy.
- Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? **Yes** **No**
- a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? **Yes** **No**
If yes, please describe _____
b) Was a claim made against the organization? **Yes** **No**
c) Was the case settled? **Yes** **No**
d) Was the case taken to trial? **Yes** **No**
e) How much money was paid as damages to the victim? \$ _____
- Regarding coverage for abuse & molestation, does your current insurance program:
 a) Exclude coverage
 b) Limit coverage (Please indicate limit of liability.) \$ _____
 c) Neither exclude nor limit coverage
- Please indicate age range of clients: **From (age)** _____ **To(age)** _____

REMARKS:

SECTION 8 – PRIOR CARRIER LOSS INFORMATION (REQUIRED)

- There have been no claims against the organization, team members, coaches, league, directors or officers under previous general liability policies for the past three (3) years.
- There has been a LIABILITY claim, within the last 3 years, against our previous policy. *(Complete the table below for claims information; ALL three years information must be completed if ANY claim has been paid. Do Not leave any space blank.)*

SECTION 9– APPLICANTS STATEMENTS AND DECLARATIONS (REQUIRED)

The Applicant(s) declare that to the best of his (their) knowledge, the information contained in this Application Is true; and that no material facts have been suppressed or misstated. The Applicant(s) further understands that any false or fraudulent statements or misrepresentations could result in termination or avoidance of any insurance contract issued from the information stated herein.

 Signature

 Date

 Printed Name & Title

Remit the completed application and any additional forms to the following:

Wilson Sports Insurance Services, LLC

CA License # OG 10483

43 CROWN ROAD

WILLOW PARK, TX 76087

Phone: 817-441-6487

Email: john@wilsonsportsins.com

General Liability Policy Written by:

**PHILADELPHIA INDEMNITY INSURANCE
COMPANY**

Rated A+ XIII (Superior) by AM Best

**NEW HAMPSHIRE INSURANCE
COMPANY (AIG/CHARTIS)**

Rated A+ XIII (Superior) by AM Best

Excess Accident Policy Written by:

THE HARTFORD INSURANCE COMPANY

Rated A+ XV (Superior) by AM Best

CHUBB GROUP OF INSURANCE COMPANIES

Rated A++XV (Superior) by AM Best

**NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA**

Rated A XV (Excellent) by AM Best

Plan Administered by:

**WILSON SPORTS INSURANCE
SERVICES, LLC**

Willow Park, TX