

AMATEUR SPORTS APPLICATION

American International Companies®

Insurance Provided by Members of American International Group, Inc.

Participant Accident

Umbrella

Submission Date: _____

General Liability

Directors & Officers

Quote Due Date: _____

RISK INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Nature of Business: _____ Standard Industrial Classification (SIC): _____
(if known)

Website Address: _____

Requested Date (s) of Coverage: From _____ To _____

Please tell us about your organization.

Producer Name: _____ Producer Code: _____

(if known)

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ Web Address: _____

Requested Commission: _____

Are you properly licensed in the risk state? Yes No

P/C Resident/Non-Resident License: Yes No

Surplus Lines License # (if available): _____

Accident & Health License: Yes No

A & H # (if available): _____

Participant Accident & General Liability Section

1. Type of Group: Team Club Association League Not-for-Profit NGB
 Other: _____

2. Is every league within this body required to provide liability insurance? Yes No

3. PARTICIPATION

Is this a voluntary program? Yes No

If Yes, explain: _____

4. PREMIUM REMITTANCE (APPLIES TO ACCIDENT ONLY)

How are premiums to be paid: Annually Monthly Quarterly

5. LIMITS REQUESTED

Accidental Death/Accidental Dismemberment: \$ _____

Accident Medical Expense Benefit: \$ _____

Deductible: \$ _____ Primary or Excess

Catastrophe Cash Benefit: \$ _____

General Liability Limit Occurrence \$ _____

(including Participant and Spectator Liability)

General Liability Limit Aggregate \$ _____

Experience: If no prior coverage, check here.

6. Name of present carrier: _____
 (Attach a copy of current contract, if available.)

Premium/Loss History: Please attach detailed premium and loss runs. Provide at least five years' history.
 If premium and loss runs are not available, complete the chart below.

Term	Earned Premium	Incurred Losses	Number of Losses

8.

Age Group	Sport Played	Team Name	Date of First Scheduled Practice Session or Game	Sport End Date	No. of Players, Managers and Coaches
6 years old & Under					
7 – 9 years old					
10 – 12 years old					
13 – 15 years old					
16 – 18 years old					
19+ years old					

Participating in Covered Activity only Travel to and from Covered Activity

9. How are league participants transported to events? _____

10. If buses are used, does the bus company provide a certificate of insurance? Yes No

11. A. Does the league sponsor camps? Yes No
 B. Are any of the camps overnight? Yes No

If yes, give length of time, location, # of participants by age, # of chaperones _____

12. Who is responsible for maintaining the fields/facilities? _____

13. Are the fields/facilities inspected prior to play? _____

14. Does the facility contain bleachers? Yes No

A. Permanent or Portable? _____
 B. If permanent, when were they installed? _____
 C. Are they inspected regularly? _____
 D. What is the construction of the bleachers? _____

15. Is alcohol permitted in the spectator area? Yes No

16. Does the organization and/or venue require emergency personnel on site at each event? Yes No

17. Does the league have written regulations with regard to roster size? Yes No

18. Does the league have written age/weight requirements? Yes No
 If so, please provide copies.

19. Does the league impose written regulations with regard to alcohol and drugs? Yes No

20. Does the association impose a code of conduct for the coaches? Yes No
 If so, please attach a copy.

21. Are coaches paid or volunteer? _____

22. Does the league have a written policy with regard to the hiring of coaches?
If so, please provide a copy. Yes No
23. Is the league co-ed? Yes No
24. Does the insured require waiver/release forms prior to play? Yes No
25. Will guardians sign the waiver/release forms? Yes No
26. What safety gear does the league require?
 A. Helmets? Yes No
 If so, do they bear N.O.C.S.A.E. approved "Warning Label"? Yes No
 B. Shoulder pads? Yes No
 C. Hip, Tail, Thigh, Knee Pads? Yes No
 D. Mouthguards? Yes No
 E. Other: _____
27. Are spikes or cleats permitted? Yes No
28. Please attach the following information to this application:
 A. Copies of written regulations to which the Association adheres.
 B. Brochures and Promotional Material about the Association.
 C. Copy of expiring policy.

Sexual Abuse & Molestation Section (Optional Coverage)

1. Do you have and enforce written standards regarding Sexual Abuse & Molestation: (**mandatory requirement**)
 Yes No **If yes, you must attach copies of all written material that pertains to this exposure.**
2. Does the employment application for your paid staff and volunteer include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
3. Does your state permit you to do criminal background investigations on prospective employees and/or volunteers? Yes No
 If yes, do you routinely request and receive such background investigations? Yes No
4. How do you verify employment and/or volunteer related references? In Person By Telephone Do not verify
5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? Yes No
 Do you document it? Yes No
6. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationships with the children? Yes No
7. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? Yes No
8. Have you ever had an incident which resulted in an allegation of sexual abuse or molestation? Yes No
 a) If yes, please describe _____
 b) Was a claim made against you? Yes No
 c) Was the case settled? Yes No
 d) Taken to trial? Yes No
 e) How much money was paid as damages to the victim? \$ _____
9. Do you currently have a policy for Sexual Abuse Liability? Yes No
 If so, what is the Retroactive Date on the Policy? _____

Umbrella Section

Limit of Liability: \$ _____
 \$ _____

Underlying Insurance:

	Policy Effective Date	Policy Expiration Date	Limits	Annual Premium	Rating Mod
Automobile					
General Liability					
Employers Liability					

Annual Payroll: _____ Annual gross sales: _____ Number of employees: _____

1. Are media services used? Yes No
2. Does applicant own/lease/operate aircraft? Yes No
3. Does applicant own or lease watercraft? Yes No
4. Are explosives, caustics, flammables or other dangerous cargo hauled? Yes No
5. Are passengers carried for a fee? Yes No
6. Any owned autos? Yes No
7. Any limits not insured by underlying policies? Yes No
8. Are vehicles leased or rented to others? Yes No
9. Are hired and non-owned coverages provided? Yes No
10. Is applicant self-insured in any state? Yes No
11. Is a hospital or first aid facility maintained? Yes No
12. Are foreign products distributed in U.S.? Yes No
13. Are U.S. products sold/distributed in foreign countries? Yes No

APPLICABLE IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT:

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

- I SELECT UM LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS)
 OR
 I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

Directors and Officers Section

General Information Required

Jurisdiction of Incorporation or Charter _____

Date of Incorporation _____

Organization has been continually in operation since _____

Limit of Liability requested (options of 100,000 to 5,000,000) _____

Self Insured retention desired (each loss) _____

Previous Directors and Officers Insurance:

- (a) Name of Insurance Company _____
- (b) Limit of Liability _____
- (c) Self-insured retention _____
- (d) Policy Expiration Date _____
- (e) Premium (indicate one year or other) _____
- (f) Loss experience (Attach full details. If no Losses, check here: _____)

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, THE APPLICATION WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY, THEREFORE IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

1. (a) Complete list of all Director and/or Trustees of the Organization by name and affiliation with other organizations. (If included as an attachment herein, check here _____).

- (b) Complete list of all Officers of the Organization by name and affiliation with other organizations. (If included as an attachment herein, check here _____).

- (c) Are the Directors or Trustees elected or appointed and by whom?

Elected _____ Appointed _____

By _____

2. (a) Is the Organization a Not-For-Profit Organization qualified under the U.S. Internal Revenue Code Section 501 (C)? Yes No
If no, please attach explanation.
- (b) Has the Organization's tax exempt status ever been terminated, suspended or challenged or has the status ever been terminated, suspended or challenged or is any such action now threatened? Yes No
If yes, attach an explanation.

3. List of all direct and indirect Subsidiary affiliations, associations and fraternities

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Non-Profit or For-Profit

Coverage to include all Subsidiaries? Yes No

Include complete list of Directors, Officers and Trustees of each Subsidiary for which coverage is requested. (If included as an attachment herein, check here _____.)

4. Please answer each of the following and attach details of any "yes" answers.

- (a) Does the Organization promote, sponsor or provide any form of insurance? Yes No
- (b) Is the Organization engaged in any form of research, development, experimentation or testing? Yes No
- (c) Does the Organization act as or participate in a peer review group or committee for assessing qualifications and performance of others or the quality of products manufactured, sold, handled or distributed? Yes No
- (d) Does the Organization take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
- (e) Does the Organization develop standards used to evaluate the quality of goods or services? Yes No
- (f) Does the Organization publish any magazines, periodicals, newsletters or bulletins? Yes No
If yes, attach a sample of each.
- (g) Does the Organization publish any books or technical manuals? Yes No
- (h) Are there any outstanding loans to any Director or Officer of the Organization or any Subsidiary? Yes No

5. List type and number of professional staff:

6. Has the Organization merged with any other organization within the last 10 years? Yes No
If yes, please list dates and names of such organizations.

7. There has not been nor is there now pending any claim(s) against any person proposed for insurance in his or her capacity of either Director or Officer of the named Organization or any of its Subsidiaries except as follows: (Attach complete details. *If no such claims, check here "none" _____ or "none" _____ except for see attached details."*)

8. No Director or Officer or Trustee has knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy except as follows: (Attach complete details. *If they have no such knowledge or information, check here "none" _____ or "none" _____ except for see attached details."*)

9. Has the Applicant, its Subsidiaries or its Directors or Officers been involved in or have any knowledge of any fact or circumstance involving the following which may give rise to a claim under the proposed policy:

(a) Antitrust, copyright or patent litigation? Yes No

(b) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No

(c) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No

(d) Been involved in any representative actions or class actions? Yes No

(If any of the above are answered yes, attach full details.)

It is agreed that with respect to Question 7, 8, and 9 above, that if such knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

10. Name of Risk Manager (or equivalent position) and number of years in current position:

11. Please attach copies of each of the following:

(a) Constitution & By-Laws

(b) List of Directors, Officers and Trustees

(c) Latest Annual Report with Audited Financials, (if audited financials are not available please submit a Treasurer's Warranty Letter guaranteeing the Organization's financials).

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned authorized officer of the Applicant acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____ Date _____
(Applicant)

Title _____ Organization _____
(must be signed by authorized officer) (Organization's Seal)

Attest _____

Producer _____

License Number _____

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.