



AMATEUR SPORTS EVENT(S) INSURANCE APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



ADDITIONAL INSURED – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

EVENT INFORMATION

Name of Event:		Type of Event:	
Venue Address			
Street:		City:	State: Zip:
Dates of Event:		Set-Up/Tear Down Dates:	
Is This an Annual Event:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Manager:		Experience:	
Event Risk Manager:			
Are overnight accommodations or camping facilities provided for the event attendees or contracted for by the event organizer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide a copy of the contract</i>	
Number of Participants Over 18 Years:		Number of Participants 18 Years and Under:	
Number of Coaches/Managers:		Number of Officials/Umpires:	
Number of Volunteers:		Number of Employees:	
Average Number of Daily Spectators:			
Will the Event Have Vendors or Exhibitors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, do you require that each vendor/exhibitor carries insurance and lists you as an additional insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, do you require a vendor hold harmless/indemnification agreement (in your favor) be signed?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EVENT DETAILS – Provide the following information for all Events that will exceed 5,000 in attendance

Event Name & Brief Description	Location	Date(s)	Estimated Attendance

INSURANCE/UNDERWRITING INFORMATION

Does the applicant belong to any national, state, or local sports associations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, which?</i>
Is the applicant or your staff trained / certified in CPR or First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all participants required to provide waiver and release and/or assumption of risk forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide a copy)
Who signs the waivers?	
When are the waivers signed?	
How long are the waivers retained?	
Where are the waivers stored?	
Does the applicant have a concussion awareness and management program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If a concussion is suspected, does the applicant comply with state requirements to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant currently utilize any concussion impact monitoring technology?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are coaches, managers, trainers, officials, referees, statisticians or scorekeeper's independent contractors that are paid a fee for their services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does the applicant want to add them as additional insureds on their policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities: Please specify who has responsibility for the following event day operations:			
	Insured	Facility	Subcontractor/Other (Please List)
Facility Maintenance			
Concessions – Non-Alcohol			
Concessions – Alcohol*			
First Aid			
Parking			
Security			
Premises Defects			
Transportation*			
Fireworks*			
Parade*			
*If the insured handles this function, a separate application is required			
*Please provide a copy of all facility/venue agreements and/or subcontractor agreements.			
Describe the precautions taken to prevent spectators from entering restricted areas:			
Type of medical facility/ambulance provided?			
Who is responsible for pre-event inspection of the event premises?			
Will any other underlying coverage be provided for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, describe:</i>		
Are athletic members covered by Workers Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i>		
Is there any form of athlete compensation or prize money awarded for participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, explain:</i>		
Please provide details of the management experience (include number of years under present management):			
Describe in detail the nature of the operations:			
Does insured own or lease premises? Other occupancies?		<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
IF LEASED, PLEASE PROVIDE A COPY OF THE LEASE AGREEMENT WITH THE FACILITY			
What are the staffing guidelines per number of patrons?			
Is there a pre-employment screening procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please describe:</i>		
Is a criminal background check made?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What training is required prior to a new employee being deployed? And who trains them?			



REVENUE BREAKDOWN

Estimated Gross Receipts: \$		
Breakdown of Receipts:		
Admissions: \$	Advertising: \$	Concessions/Food: \$
Liquor Receipts: \$	Media Contracts: \$	Membership Dues:
Merchandise: \$	Parking Receipts: \$	Rentals: \$
Other: \$		
List type of foods / beverages sold:		
Are there any liquor sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, what percent of sales?</i>	

SAFETY INFORMATION

Are all curbs, steps and ledges highlighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does facility comply with ADA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you contemplating any demolition, new construction or structural alterations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please describe:</i>		
Is the facility in compliance with all governmental safety and fire codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the medical support system:			
AEDs on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, how many and are staff trained on use?</i>	# First Aid/CPR Trained staff:	
Distance to nearest Medical Facility:	# of miles:	Distance to nearest Fire Station:	# of miles:
Is there a formal emergency evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide a copy</i>		
Describe the fire alarm system – central station, local alarm, etc.:			
Are all fire extinguishers easily accessible in all buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are they checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe:			
Do you have fire extinguishers located in all buildings, at all attractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the burglar alarm system:			
Does the facility have back-up emergency lighting or generators:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all exits well marked:	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many exits are in the facility?	
Are there any security cameras in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own person vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If insured allows employees to use their own personal vehicles, how many employees use their personal vehicles?	
If insured allows employees to use their own personal vehicles, indicate the frequency of use: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required? \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	

***If Insured requires Event Cancellation or Weather Insurance Coverage, please complete supplemental applications on website.**



PARTICIPANT ACCIDENT COVERAGE (If this coverage is not needed, please skip to the next section)

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Amount	Excess	Primary	Deductible
Accidental death and dismemberment		<input type="checkbox"/>	<input type="checkbox"/>	
Accidental medical expense		<input type="checkbox"/>	<input type="checkbox"/>	
Aggregate		<input type="checkbox"/>	<input type="checkbox"/>	
Chiropractic		<input type="checkbox"/>	<input type="checkbox"/>	
Other				
Disability: \$ _____ per week for up to # _____ weeks				
Incurred Period (length of time accident medical benefits will be paid)		<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months

UNDERWRITING INFORMATION

Participant Information	
Is Insurance for Participant Accident: <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary Please explain:	
Description of Covered Activities:	
Does coverage provide for: <input type="checkbox"/> Participation in Covered Activities only <input type="checkbox"/> Include Travel to & from Covered Activities	
Is there a Formal Injury Control program in place for the participants?	Yes No If Yes, please provide details:
Please describe the Medical and First Aid Facilities and Professionals provided for the injured participants during events:	

Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Company loss runs currently valued for the past 5 years including current year	
2. Copies of expiring policies including any manuscript forms	
3. Detailed list of all insureds and their descriptions	
4. Detailed list of all insured locations and their descriptions	
5. List & description of any ancillary activities to be covered	
6. Copies of all event brochures you participant in	
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	
9. Copy of adult and minor waiver and release and/or assumption of risk forms	
10. Copy of your formal officials and/or coaches instruction program	
11. Copy of all rule books and association manuals	
12. Copy of your formal athlete injury control program	
13. Copy of your procedures for screening employees and volunteers	
14. Copy of your abuse and molestation policy and procedures	



I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* 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 (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

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 Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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 of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

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, and denial of insurance benefits. * Applies in ME Only.



TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

