

# Amateur Sports Adult Soccer Application

## | Applicant Information

Applicant name: _____		Application date: _____	
Address: _____		City: _____	State: _____ ZIP: _____
Phone: _____	Website: _____		Applicant's email: _____
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> Other _____			
Federal Employer Identification Number (FEIN) or Tax Identification Number: _____			
Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____
Location to be insured has been under present management since (year): _____			
Is the applicant a member of any safety association		<input type="radio"/> Yes <input type="radio"/> No	
If yes, please provide name of association: _____			
List previous names under which the applicant has operated, if applicable:			
Name: _____			
Name: _____			

# General Information

## Type of organization:

- ☐ Individual team
- ☐ League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
- ☐ Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest, and the interests of the participants of that sport. A fee is typically charged to become a member, and formal rules/regulations are usually required and enforced)

Is the applicant seeking coverage for all participants within their organization?

☐ Yes ☐ No

Do any of the applicant's teams include youth athletes (ages 16-17)?

☐ Yes ☐ No

If yes, 80% of the applicant's players must be 18 years of age or older to qualify for coverage. (No player under the age of 16 is allowed to participate. Allowing a player under the age of 16 would jeopardize coverage for the named insured and participant.)

Is a complete roster attached with this enrollment?

☐ Yes ☐ No

*A roster is required to bind coverage. If the roster is not complete for the year, please submit last year's roster.*

Does the named insured own or have 24-hour responsibility for a facility or field?

☐ Yes ☐ No

Is there any form of player compensation or prize money awarded for participation?

☐ Yes ☐ No

Is the applicant a school, university, or college-sanctioned sports team, club, or league?

☐ Yes ☐ No

Is the applicant a municipality or a parks and recreation division?

☐ Yes ☐ No

Are any of the applicant's activities held on private residential property?

☐ Yes ☐ No

If the applicant suspects an athlete has a concussion, do they have an action plan that includes:

Immediately removing the athlete from play or practice?

☐ Yes ☐ No

Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?

☐ Yes ☐ No

*The exposures/activities listed above may or may not be covered by this program, and any resulting claims could be denied. If the applicant wishes to cover any of these activities, please contact us to determine if other coverage options are available.*

## Submission Requirements

***This application requires additional documentation:***

- Complete enrollment roster, either from current year or last year

***Completed applications and additional documentation can be submitted by email to [info@aes.auw.com](mailto:info@aes.auw.com).***

# Fraud Statements / Signature

The following is part of the Application:

## Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

## Applicable in CO

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 FL and OK

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)\*. \*Applies in FL Only.

## Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

## Applicable in KY, NY, OH and PA

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 Only.

## Applicable in ME, TN, VA and WA

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.

## Applicable in NJ

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 OR

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 PR

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER