

# Amateur Sports Associations Application

## Applicant Information

Applicant name: \_\_\_\_\_ Application date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Applicant's email: \_\_\_\_\_

Type of entity:  Individual  Partnership  Corporation  LLC  Nonprofit  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 event safety association  Yes  No

If yes, please provide name of association: \_\_\_\_\_

List previous names under which the applicant has operated, if applicable:

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

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

# General Information

Policy period requested: from \_\_\_\_\_ to \_\_\_\_\_

Nature of operations/description of organization:

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Number of years in business: \_\_\_\_\_

Number of years management experience: \_\_\_\_\_

Check the type of coverage requested:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> GL                               | <input type="checkbox"/> Property     |
| <input type="checkbox"/> EBL (Number of employees): _____ | <input type="checkbox"/> Crime        |
| <input type="checkbox"/> Liquor                           | <input type="checkbox"/> Excess       |
| <input type="checkbox"/> Pyrotechnics                     | <input type="checkbox"/> D&O          |
| <input type="checkbox"/> Auto                             | <input type="checkbox"/> WC           |
| <input type="checkbox"/> Inland Marine                    | <input type="checkbox"/> PA           |
| <input type="checkbox"/> Sexual Abuse & Molestation       | <input type="checkbox"/> Other: _____ |

Does the applicant engage in any other business operations under the name of the insured as will appear on the policy?  Yes  No

If yes, please explain, including whether or not other insurance coverage applies along with carrier and policy number:

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Has this insurance ever been cancelled, declined, or non-renewed?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the applicant's current general liability policy have a deductible or self-insured retention?  Yes  No

If yes, please explain: \_\_\_\_\_

Additional insureds: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form.)

Name	Address	Relationship	Certificate required?	
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No

# General Information (Continued)

For each of the following, indicate whether there is a procedure in effect for obtaining Certificates of Insurance, the limits required for each, and whether the certificates list the applicant as Additional Insured:

	Certificates obtained?	Limits	Additional insured?
Food concessionaires	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Vendors/exhibitors	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Contractors/others	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

Is a Waiver and Release form signed by all persons entering a restricted area prior to entry? *Please attach a copy or indicate your agreement to use an Applied Entertainment & Sports supplied waiver.*       Yes       No

Number of clubs/teams: \_\_\_\_\_

Average number of participants per event: \_\_\_\_\_

Number of officials/umpires: \_\_\_\_\_

Average number of spectators per event: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Number of coaches: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Breakdown of sports and ages: *(Please attach a complete list if necessary.)*

Age Range	Sport(s)	Number of Participants
12 & under		
13-15		
16-17		
18 & older		

List events/activities with anticipated attendance exceeding 20,000:

Event	Location	Date	Attendance

Has this insurance ever been cancelled, declined, or non-renewed?       Yes       No       N/A

Does the applicant intend to have office premises liability coverage?       Yes       No

If yes, provide the applicant's office square footage: \_\_\_\_\_

# Safety & Security

If applicant has cheerleading and allows stunts, please describe safety measures such as height of stunts, spotting, supervision, and any cheerleading organization guidelines followed:

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If applicant has running, walking, or cycling events, does applicant use closed courses or open roads?

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Describe participant safety procedures such as use of SAG (Support and Gear) vehicles, barricaded or manned road intersections, etc:

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If applicant has batting cages, please outline safety measures such as machine pitch max ball speed, fully enclosed cages, etc:

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If applicant operates water-related events, please describe the bodies of water, and outline any safety measures such as lifeguard supervision and personal flotation devices:

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If applicant has tackle football, is there an age/weight breakdown of players?

Yes

No

Is all football-related equipment (including mouthpiece) required?

Yes

No

List and describe any ancillary activities to be covered:

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Does the applicant have Rap or Hip Hop concerts?

Yes

No

If yes, please provide details:

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Does the applicant operate seasonal haunted houses? If yes, verify safety codes are met and that fire marshal certification is obtained, if applicable.

Yes

No

Does the applicant operate dunk tanks?

Yes

No

If yes, please describe the following:

Tank set-up (e.g., proximity to electricity, water level, and if drained when not in use, surface type):

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Supervision:

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User rules (e.g., one person in tank at a time, age/size requirements, shoes required, waivers signed, seated position/hands on knees/sit forward):

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General safety (e.g., do not operate in a storm):

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# Safety & Security *(Continued)*

Does the applicant operate amusement devices such as the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Mechanical rides           | <input type="checkbox"/> Inflatables                    |
| <input type="checkbox"/> Water slides               | <input type="checkbox"/> Trampolines/bungee trampolines |
| <input type="checkbox"/> Rock climbing walls        | <input type="checkbox"/> Go-carts                       |
| <input type="checkbox"/> Sledding/tubing/snow magic | <input type="checkbox"/> Other: _____                   |

If yes, please provide details, including whether or not other insurance is provided by the attraction owner, how the attraction is supervised, and whether or not participants/parents/guardians sign waivers:

Will Certificates of Insurance be required for each of the applicant's clubs or sanctioned events?  Yes  No

Describe or provide the applicant's association rules and regulations:

Are local, state, and regional organizations involved in the applicant's organization?  Yes  No

If yes, is insurance to be extended to these groups through the association on a blanket basis?  Yes  No

Is participation in the insurance program mandatory or optional? \_\_\_\_\_

If optional, how many members participate in applicant's insurance program? \_\_\_\_\_

Are all coaches/trainers certified?  Yes  No

Please describe the certification process:

Are all practices, contests, and ancillary events sanctioned and supervised by the association?  Yes  No

If no, explain: \_\_\_\_\_

Explain sanctioning procedures:

Is there a safety/injury control program in place?  Yes  No

If yes, please describe: \_\_\_\_\_

Describe medical, security, and evacuation procedures for championships, tournaments, etc:

Are participants ever transported to or from practices or competitions by organization members?  Yes  No

If yes, please describe: \_\_\_\_\_

# Submission Requirements

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

- Copies of contracts where the applicant assumes liability of another party
- Five years currently valued loss runs
- Copies of certificates of insurance naming the applicant as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, if applicable
- Copies of waiver/release forms
- Copies of rules/regulations, safety manuals, and sanction requirement
- Accord application if the applicant would like quotes for Property, Inland Marine, Crime, Auto, Excess, or Worker's Compensation
- Copy of approved Applied Entertainment & Sports Waiver & Release form or agreement to use an Applied Entertainment & Sports supplied waiver
- Copy of verified safety codes and fire marshal certification, if applicable
- If additional space is required for breakdown of sport and ages, please attach a complete list
- If additional space is needed for listing additional insureds, please attach a list

***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

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

## Applicable in AR, LA, MD, 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 CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## 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 DC

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 FL

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 KS

A "fraudulent insurance act" means an act committed by 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

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.

## Applicable in ME

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.

## 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 NM

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 civil fines and criminal penalties.

## Applicable in NY

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.

## Applicable in OH

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.

# Fraud Statements / Signature

## Applicable in OK

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 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 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.

## 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.

## Applicable in TN and VA

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.

## Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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