

Amateur Sports Teams, Leagues & 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

Check the type of coverage requested:

- ☐ Individual team
- ☐ League or club (defined as an entity organized to provide regulated competition for multiple teams participating in a specific sport)
- ☐ Association (defined as an entity, usually non-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 both youth athletes and adult athletes participating together on the same team?

☐ Yes☐ No

- Is the applicant a member of any of the following organizations?
(Check all that apply)
- ☐ No, the applicant is not a member of any of these organizations

☐ World Adult Kickball Association (WAKA®)
- ☐ American Legion Baseball

☐ Pop Warner
- ☐ Babe Ruth/Cal Ripken Baseball

☐ U.S. Youth Soccer Association
- ☐ Babe Ruth Softball

☐ Soccer Association for Youth, USA (SAY Soccer)

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

☐ Yes☐ No

Is the applicant a school sanctioned sports team or league?

☐ Yes☐ No

Is the applicant a gymnastics, martial arts, cheer, or dance studio?

☐ Yes☐ No

Is the applicant a municipality or a park and recreation division?
This program ONLY provides coverage for those teams/leagues reported and approved.

☐ Yes☐ No

Venue

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

☐ Yes☐ No

Does the named insured own or operate any pools?

☐ Yes☐ No

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

☐ Yes☐ No

Safety & Security

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

a. Immediately removing the athlete from play or practice?

☐ Yes

☐ No

b. Keeping the athlete out of play or practice until he or she provides written clearance from a licensed physician?

☐ Yes

☐ No

Does the applicant's operation involve tackle/contact football or Flex Football™?

☐ Yes

☐ No

If yes, does the applicant maintain a system for their tackle/contact football or Flex Football™ activities that includes communication (in written or electronic form) of education materials to participants, parents, and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion?

☐ Yes

☐ No

Submission Requirements

Completed applications and additional documentation can be submitted by email to 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