

Police Athletic/Activities Leagues 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 _____

Estimated number of events: _____

Check the type of coverage and indicate desired limits:

Coverage	Coverage/limits
<input type="radio"/> General liability	<input type="radio"/> Primary <input type="radio"/> Excess <input type="radio"/> Legal liability to participants
<input type="radio"/> Participant accident & health (Applicable only to motorsports)	<input type="radio"/> AD&D <input type="radio"/> Primary medical <input type="radio"/> Excess medical <input type="radio"/> Weekly disability income
<input type="radio"/> Property/casualty	<input type="radio"/> Property <input type="radio"/> Inland Marine <input type="radio"/> Auto
<input type="radio"/> Workers' compensation	
<input type="radio"/> Other	

Has this type of insurance ever been: Cancelled Declined Non-renewed

If yes, please explain. (Not applicable in Missouri.): _____

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

If yes, please explain: _____

As respects the operation, does the applicant enter into any contracts? Yes No

If yes, what contracts does the applicant enter into? _____

Does the named insured assume liability for the other party?
Provide copies of all contracts of this type. Yes No

Does the other party assume the Named Insured's liability?
Please provide one sample of this type. Yes No

Who reviews the contracts prior to signing?

Corporate officers Counsel Other (please describe): _____

General Information (Continued)

For each of the following please indicate if there is a procedure in effect for obtaining Certificates of Insurance, the limits required for each, and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured:

	Certificates (Provide copies)	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 read and signed by all persons entering a restricted area prior to entry? Yes No

Prior carrier information:

Please submit a copy of previous/present policies.

Year	Previous agent	Company	Liability limits	Premium	Losses

Name of PAL chapter: _____

Describe the activities offered by applicant's PAL chapter:

Describe any non-sport related ancillary activities offered:

Does the applicant's PAL chapter have a boxing program? Yes No

Annual number of members in the applicant's PAL chapter: _____

Additional insureds: (Please list entities the applicant is contractually obligated to list as an additional insured.)

Name	Address	Relationship	Certification 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

Safety & Security

Is there a training program for employees and volunteers?

Yes

No

If yes, please describe the training program: _____

Describe the medical, security, and emergency evacuation procedures in place:

Does the applicant require all participants and/or their parents/guardians to sign a waiver and release statement prior to participation?

Yes

No

If yes, please provide a copy of the waiver and release used by the chapter.

Is first aid available for all activities?

Yes

No

If yes, please provide details: _____

What is the ratio of adults to participants during the applicant's activities? _____

Does the applicant currently have a participant accident policy in place to protect all participants in the event of injury?

Yes

No

If yes, please provide a copy of the waiver and release used by the chapter.

Does the applicant own any of the facilities where activities take place?

Yes

No

If yes, please describe the owned facility and what activities take place there:

Submission Requirements

This application requires additional documentation:

- Currently valued, hard copy loss runs for the previous 5 years
- Copies of written rules and regulations for PAL chapter
- Copy of written sexual abuse/molestation procedures
- Copy of PAL chapters written emergency medical and security procedures
- Copies of contracts where Named Insured assumes liability for the other party
- Sample of contract where the other party assumes the Named Insured's liability
- Copies of Certificates of Insurance for food concessionaires, vendors, exhibitors, contactors, and others
- Copies of previous and current insurance policies
- Copy of waiver and release used by the applicant's chapter
- Copy of declarations page of applicant's participant accident policy (if applicable)

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

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