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**Return Completed form to:**

P.O. Box 2009,  
Glen Allen, Virginia 23058-2009  
**P: 800-431-1270 F: 804-527-7915**

**Amateur Sports Insurance  
Application**

**Leagues / Camps / Clinics**

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 1 - GENERAL INFORMATION**

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Location address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant Is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Other: \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Is: ☐ Team ☐ League ☐ Athletic Association ☐ State Association ☐ National Governing Body

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

**SECTION 2 - CURRENT COVERAGE**

**General Liability**

**Accident Medical**

Ins. Company: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Limits: \_\_\_\_\_

Occurrence: \_\_\_\_\_ Deductible: \_\_\_\_\_

Aggregate: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Premium: \_\_\_\_\_ Premium: \_\_\_\_\_

Auto Included? ☐ Yes ☐ No Sexual Abuse Included? ☐ Yes ☐ No \$ Limits: \_\_\_\_\_

Have any of your policies or coverage's been declined, canceled, or non-renewed in the past 3 years? ☐ Yes ☐ No

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

**SECTION 3 – REQUESTED COVERAGES**

☐ Yes ☐ No Property (complete ACORD form) ☐ Yes ☐ No Sexual Abuse and Molestation

☐ Yes ☐ No Crime (complete ACORD form) ☐ Yes ☐ No Directors' & Officers' Liability

☐ Yes ☐ No Equipment (complete ACORD form) ☐ Yes ☐ No Hired and Non-Owned Auto

## SECTION 4 – LOSS HISTORY

### General Liability:

Any losses reported in the last 3 years ☐ Yes ☐ No If yes, please complete below or attach loss runs

Dates	Amount Paid	Description:

### Accident Medical:

Any losses reported in the last 3 years ☐ Yes ☐ No If yes, please complete below or attach loss runs

Dates	Amount Paid	Description:

## SECTION 5 - OPERATIONS INFORMATION

Are you a member of a national governing body? (i.e., Little League, Pop Warner, AAU) ☐ Yes ☐ No

If Yes, what organization? \_\_\_\_\_

If No, what rules and regulations are used (i.e. NCAA, high school, your own)? \_\_\_\_\_

**Please include a copy of any of your own rules and regulations.**

Are there any traveling teams? ☐ Yes ☐ No If Yes, how far? \_\_\_\_\_

Any overnight travel? ☐ Yes ☐ No If Yes, how often? \_\_\_\_\_

Who arranges overnight travel? \_\_\_\_\_

How many fields/facilities are utilized in the below?

☐ Privately Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

☐ Municipality Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

☐ Organization Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

Who is responsible for daily field/facility maintenance? ☐ Organization ☐ Landlord

Is the organization responsible for field/facility 24 hours a day? ☐ Yes ☐ No

### Additional Insured Information:

Are any additional insureds required? ☐ Yes ☐ No

Are certificates of insurance required? ☐ Yes ☐ No

If yes, please list names, addresses and relationships

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## SECTION 6 - CAMPS AND CLINICS

Do you conduct any sports camps/clinics?

☐ Yes ☐ No

If no, please skip to **Section 9**

Is your program strictly instructional?

☐ Yes ☐ No

Or do you sponsor competition or tournaments?

☐ Yes ☐ No

If yes, what sports? \_\_\_\_\_

What is your ratio of students to instructors? \_\_\_\_\_

Are the following activities offered to campers during recreational periods?

Motorbikes, Motorcycles, Mini bikes, or All Terrain Cycles

☐ Yes ☐ No

Rifle

☐ Yes ☐ No

Tackle Football

☐ Yes ☐ No

Go Karts

☐ Yes ☐ No

Horseback Riding

☐ Yes ☐ No

Trampolines

☐ Yes ☐ No

Waterskiing

☐ Yes ☐ No

Sail boarding/Sailing

☐ Yes ☐ No

Hockey

☐ Yes ☐ No

Other: \_\_\_\_\_

## SECTION 7- CAMPS / CLINICS CENSUS

Day Camps _____ Youth _____ Adults	Resident Camps _____ Youth _____ Adults
Estimated number of campers per day: _____	Estimated number of campers per day: _____
Number of days per week camp is open: _____	Number of days per week camp is open: _____
Number of weeks per year camp is open: _____	Number of weeks per year camp is open: _____
If instructional, estimated number of hours per day: _____	

## SECTION 8 – WATERFRONT INFORMATION

Do you use any Non-owned Watercraft in excess of 26' in length?

☐ Yes ☐ No

☐ **NO EXPOSURE**

Do you use owned/leased watercraft?

☐ Yes ☐ No

Does the camp utilize watercraft for camping activities?

☐ Yes ☐ No

If yes, please explain type and number of vessels (motor boats: length and horsepower; sailboats: length).

Also give owner's name: \_\_\_\_\_

Does the camp utilize a pool?

☐ Yes ☐ No

Lake?

☐ Yes ☐ No

Pool length: \_\_\_\_\_ ft.

Pool depth: \_\_\_\_\_ ft.

Are depth marking clearly indicated?

☐ Yes ☐ No

Number of diving boards: \_\_\_\_\_

Height of each: \_\_\_\_\_ ft.

Number of sliding boards: \_\_\_\_\_

Type: \_\_\_\_\_

Height of each: \_\_\_\_\_ ft.

Length of each: \_\_\_\_\_ ft.

Depth of water where sliding board enters water: \_\_\_\_\_ ft.

Depth of water in diving area: \_\_\_\_\_ ft.

How many water safety instructors are employed? \_\_\_\_\_

How many lifeguards are employed? \_\_\_\_\_

Who provides lifeguards? \_\_\_\_\_

Is the pool/spa compliant with the Virginia Graeme Baker Pool & Spa Safety Act?

☐ Yes ☐ No

If no, explain action plan and time table for compliance: \_\_\_\_\_

Do you use pools/spa owned by other entities?

☐ Yes ☐ No

If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Act?

☐ Yes ☐ No

## SECTION 9 – SPECIAL EVENTS

Do you have any fundraising activities? ☐ Yes ☐ No Annual receipts from fundraising: \$ \_\_\_\_\_

If yes, describe any fundraising activities: \_\_\_\_\_

Do you sell concessions? ☐ Yes ☐ No Annual receipts from concessions: \$ \_\_\_\_\_

If yes, is alcohol served? ☐ Yes ☐ No

Is there an organizational Booster Club? ☐ Yes ☐ No

If yes, are they a separate entity? ☐ Yes ☐ No Do they have separate coverage? ☐ Yes ☐ No

What are their specific activities? \_\_\_\_\_

If raising funds, do they conduct separate events other than those listed above? ☐ Yes ☐ No

Are there any other Special Events other than fundraisers? ☐ Yes ☐ No

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

## SECTION 10 – STAFFING

Are coaches certified? ☐ Yes ☐ No If yes, by whom? \_\_\_\_\_

Are coaches paid? ☐ Yes ☐ No If yes, by whom? \_\_\_\_\_

Are officials/referees certified? ☐ Yes ☐ No If yes, by whom? \_\_\_\_\_ Are officials paid? ☐ Yes ☐ No

Do you contract with any others for program services for any activities? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

What is your ratio of students to instructors? \_\_\_\_\_

Do you require a certificate of insurance from persons contracted? ☐ Yes ☐ No

Do you require background checks on all employees? ☐ Yes ☐ No Volunteers? ☐ Yes ☐ No

Do you require orientation/training for all employees? ☐ Yes ☐ No Volunteers? ☐ Yes ☐ No

## SECTION 11 – RISK MANAGEMENT

Are all existing rules and regulations followed by each activity? ☐ Yes ☐ No

Is there a written safety program for each activity? ☐ Yes ☐ No If Yes, please attach a copy.

Do you require a signed release/waiver for all activities? ☐ Yes ☐ No If Yes, please attach a copy.

How long are releases/waivers retained? \_\_\_\_\_

Do you have safety and activity rules posted? ☐ Yes ☐ No

Do you have emergency evacuation procedures? ☐ Yes ☐ No

Is safety gear required for appropriate activities? ☐ Yes ☐ No

Do you require persons certified in First Aid and CPR onsite or immediately available at all times? ☐ Yes ☐ No

If no, how far away is the closest EMT response squad? \_\_\_\_\_

## SECTION 12 – SEXUAL ABUSE INFORMATION

Does your employment & volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?

☐ Yes ☐ No

At employee & volunteer orientation/training, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her?

☐ Yes ☐ No

Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities, and media if you have an incident of abuse?

☐ Yes ☐ No

Do you require background checks on all employees?

☐ Yes ☐ No

Volunteers?

☐ Yes ☐ No

Have you ever had an incident which resulted in an allegation of physical or sexual abuse?

☐ Yes ☐ No

If yes, please describe the allegation in full:

\_\_\_\_\_

What was the outcome of the claim?

\_\_\_\_\_

If damages were paid, what was the total amount?

\$ \_\_\_\_\_

## SPECIAL CONDITIONS

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium will be refunded.

**FRAUD WARNING:** 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 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 (\$5,000) and the stated value of the claim for each violation.

Applicant's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Name of Producer:

\_\_\_\_\_

Agent number:

\_\_\_\_\_

Producer City, State, Zip:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Please complete Census using the breakdown below.

[illegible]