

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

EXPOSURE INFORMATION

Notes:

- You must submit this request form prior to the effective date needed
- Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify
- All participants were required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification
- Refer to the Amateur Sports Teams, Leagues & Association brochure for sport eligibility, coverage option classifications and rates. For limits above \$2,000,000, please contact us for a quote.
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.

Does your team, league or organization include any of the following sports? Yes No

If yes, please check those that apply and answer questions #1 and #2.

Cheerleading (age 19 & under) Roller hockey (quad) Umpire/referee associations for Class C sports

Deck/floor/street hockey Soccer (age 19 & under)

Field hockey Tackle & contact football (age 19 & under) Water hockey (age 19 & under)

Lacrosse (age 19 & under) Flex Football™ (age 19 & under) Wrestling (age 19 & under)

1. If you suspect an athlete has a concussion, do you 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 they provide written clearance from a licensed physician? Yes No

2. Does your operation involve tackle or contact football? Yes No

If yes,

Do you maintain a system for your tackle or contact 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

Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: www.cdc.gov/concussion/HeadsUp/youth.html.

Program Liability

Check one:

- Adding additional participants to existing sport and age group
- Adding new sport and/or age group

NOTE: Class C Sports have limited Brain Injury coverage. Should you wish to exclude this coverage, please contact us.
 Brain Injury limit/Aggregate limit: \$ 1,000,000 / \$ 1,000,000
 Loss Adjustment Expense limit/Aggregate limit: \$ 1,000,000 / \$ 1,000,000

“Brain injury” means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

Effective date needed: ____/____/____

Sport	Class A, B or C	Exclude Brain Injury Coverage? (applies to Class C sports only)	Age Group of participants	# of participants	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
For Umpire and Referee Associations - complete only if you are an Umpire/Referee Association								
List the sport you umpire/referee	Class A, B or C	Exclude Brain Injury Coverage? (applies to Class C sports only)	Age group of umpire/referees	# of members	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
Program Premium Due: (add all premium lines above to obtain premium due)								\$

Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

*** Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rate	X	Total # of Participants	=	Premium Due
\$.71	X	Total # of participants from above	=	\$

Program Liability Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
Total Premium Due (add lines above)	\$

Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

CERT REQUEST #1

When is this certificate needed? : ___/___/___

What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body Other (please identify/explain):

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Does the certificate holder/additional insured require any special wording or endorsements? Yes No

- If yes, check all that apply: CG2026 Primary Waiver of subrogation Other (please explain):

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

If applicable:

For specific events: Date(s) of event/activity: ___/___/___ to ___/___/___ Hours of event/activity: ___ A.M./P.M. to ___ A.M./P.M. Type of event/activity: _____ Name of event/activity: _____ Location of event/activity: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

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CERT REQUEST #2

When is this certificate needed? : ___/___/___

What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body Other (please identify/explain):

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Does the certificate holder/additional insured require any special wording or endorsements? Yes No

- If yes, check all that apply: CG2026 Primary Waiver of subrogation Other (please explain):

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

If applicable:

For specific events: Date(s) of event/activity: ___/___/___ to ___/___/___ Hours of event/activity: ___ A.M./P.M. to ___ A.M./P.M. Type of event/activity: _____ Name of event/activity: _____ Location of event/activity: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.