



What are the maintenance responsibilities (if any) \_\_\_\_\_

6) Does your Association/League/Club abide by, and have, written by-laws and/or constitution?  Yes  No

7) Has the type of insurance applying for ever been:  Cancelled  Declined  Non-Renewed

If any item is checked, please explain: \_\_\_\_\_

8) Do you require participants and/or parents to sign Hold Harmless Agreements (waiver/release forms) when registering for sports to be covered as stated above?  Yes  No (This is a requirement for the General Liability Policy).

9) Are the sports to be covered: Interscholastic, Intercollegiate, Professional or Semi-Professional?  Yes  No

#### SECTION 4 – PARTICIPANT/ TEAM / ACTIVITY EXPOSURE (REQUIRED)

What are the activities / events?  Camp(s) / Clinic(s)  League(s) / Team(s) / Association(s)  Tournament(s)

Please provide TEAM count for appropriate age groups:

SPORT / ACTIVITY	12 & Under	13 – 15	16 – 18	19 & Over	# Of Days	Day or Overnight
Archery						
Badminton						
Baseball (TEAMS)						
Basketball						
Bowling League						
Cheerleading						
Coaches, Officials, Umpires						
Crewing, Rowing, Sculling						
Cricket / Squash						
Cross Country						
Curling						
Fencing						
Football – FLAG or TOUCH						
Football – TACKLE or RUGBY						
Golf						
Hand / Kickball Racquetball						
Ice or Roller Hockey - No Checking						
Indoor Table Hockey						
Lacrosse or Field Hockey - Non Contact						
Lacrosse or Field Hockey - Contact						
Soccer						
Softball (TEAMS)						
Swimming						
Tennis						
Track						
Track & Field						
Volleyball						
Wrestling						

List any other Sport/Activity that is not on the above chart that you would like considered:

(Note: Some sports/activities or age groups may not be available for coverage under our program.)

Please give exact number of participants.						
SPORT ACTIVITY	12 & Under	13-15	16-18	19 & OVER	# of Days	Day or Overnight

### SECTION 6 – PRIOR INSURANCE COVERAGE(S) (REQUIRED)

Coverage	Insurance Carrier	Agency, Agent or Broker	Coverage Limit(s)	Deductible (if any)	Premium	Would you like this quoted?	
						Yes	No
General Liability						<input type="checkbox"/>	<input type="checkbox"/>
Excess Accident						<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse & Molestation						<input type="checkbox"/>	<input type="checkbox"/>
Sports Equipment Coverage						<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty Bond						<input type="checkbox"/>	<input type="checkbox"/>
Other						<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 7 – SEXUAL ABUSE AND MOLESTATION COVERAGE(S) (REQUIRED TO OBTAIN COVERAGE QUOTE)

- Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?  Yes  No
- a) Does your state permit you to do criminal background investigations?  Yes  No  
b) If yes, do you routinely request and receive such background investigations?  Yes  No
- Do you verify employment related references?  Yes  No
- Do you conduct a personal interview?  Yes  No
- Do you have written procedures for dealing with sexual abuse?  Yes  No

**If yes, please attach a copy.**

- Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
- a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No

**If yes, please describe** \_\_\_\_\_

- Was a claim made against the organization?  Yes  No
  - Was the case settled?  Yes  No
  - Was the case taken to trial?  Yes  No
  - How much money was paid as damages to the victim? \$ \_\_\_\_\_
- Regarding coverage for abuse & molestation, does your current insurance program:
    - Exclude coverage
    - Limit coverage (Please indicate limit of liability.) \$ \_\_\_\_\_
    - Neither exclude nor limit coverage
  - Please indicate age range of clients: **From (age)** \_\_\_\_\_ **To(age)** \_\_\_\_\_

REMARKS:

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**SECTION 8 – PRIOR CARRIER LOSS INFORMATION (REQUIRED)**

- There have been no liability claims (lawsuits) against the organization, team members, coaches, league, directors or officers under previous general liability policies for the past three (3) years.
- There has been a LIABILITY claim (lawsuit), within the last 3 years, against our previous policy. *(If yes, please provide explanation with suit information on separate sheet of paper.)*

**SECTION 9– APPLICANTS STATEMENTS AND DECLARATIONS (REQUIRED)**

*The Applicant(s) declare that to the best of his (their) knowledge, the information contained in this Application is true; and that no material facts have been suppressed or misstated. The Applicant(s) further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.*

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 Signature

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 Date

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 Printed Name & Title

Remit the completed application and any additional forms to the following:

***Wilson Sports Insurance Services, LLC*****401 PITCHFORK TRAIL****SUITE 711****WILLOW PARK, TX 76087****Phone: 817-441-6487****Fax: 817-441-6483****Email: [john@wilsonsportsins.com](mailto:john@wilsonsportsins.com)**

General Liability Policy Written by:  
**PHILADELPHIA INDEMNITY INSURANCE  
 COMPANY**

**NEW HAMPSHIRE INSURANCE  
 COMPANY (AIG/CHARTIS)**

**GREAT AMERICAN INSURANCE GROUP**

**AEGIS INSURANCE COMPANY**

Excess Accident Policy Written by:  
**THE HARTFORD INSURANCE COMPANY**

**CHUBB GROUP OF INSURANCE COMPANIES**

**NATIONAL UNION FIRE INSURANCE  
 COMPANY OF PITTSBURGH, PA**

**GREAT AMERICAN INSURANCE GROUP**

**AEGIS INSURANCE COMPANY**

Plan Administered by:  
**WILSON SPORTS INSURANCE  
 SERVICES, LLC**