

AMATEUR SPORTS NATIONAL GOVERNING BODIES APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Copy of Waivers and Releases
- Copy of Sports Organization Risk Management Program
- Standard Vendor/Subcontractor Contract
- Facility Lease Agreement
- *If NDI and/or Abuse or Molestation are requested, please complete the applicable supplemental.*

GENERAL INFORMATION

| | | | | | | |
|--|--------------------------------------|------------------------------|--|--|---------------------------------|------|
| Full Named Insured: | | | | | | |
| Mailing Address: | | | | City: | State: | Zip: |
| Physical Address: | | | | City: | State: | Zip: |
| Entity Type: | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other: | |
| Email: | | | | Phone: | | |
| Year Established: | | | | In business under current management since: | | |
| Does the organization have a designated safety manager? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does the Applicant have a formal safety training program for employees in place? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EXPOSURE INFORMATION

| <i>Provide number of:</i> | | |
|--|---------------|--|
| | Upcoming Year | Prior Year |
| Participants in this Association: | | |
| Minor Participants: | | |
| State or Local Organizations: | | |
| Sanctioned Events per year: | | |
| Coaches: | | |
| Officials/Umpires: | | |
| Volunteers: | | |
| Clubs/Teams: | | |
| Operating Season: to | | |
| Are referees and/or coaches employees of the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FACILITY INFORMATION

| | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Any storage, treating, discharging, applying, disposing, or transporting hazardous materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Any operations sold, acquired, or discontinued in the last five (5) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are any structural alterations or demolitions contemplated?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <i>*If so, please advise:</i> | | | | | |
| Machinery, equipment, or attractions rented to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Swimming pool on premises?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <i>*If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> | | | | | |
| Does Applicant have any inflatable, fabric, or air-supported structures, such as bubbles or domes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Does Applicant maintain grandstands?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <i>*If yes, are any over 15 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> | | | | | |
| <i>Advise seating capacity and construction type:</i> | | | | | |
| Advise who is responsible for the following: | | | | | |
| | Applicant | Team/League | Facility Owner | Subcontractor | N/A |
| Building Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inflatables/Amusements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Janitorial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liquor Sales | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Merchandise/Gift Shop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pyrotechnics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors: | | | | | |
| | Applicant | Sub/Tenant | Mutual | N/A | |
| a. Hold Harmless/Indemnification wording is in favor of: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Additional Insured status is in favor of: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. COI showing at least \$1M liability limit required by: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all subcontractors/vendors required to carry their own insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

UNDERWRITING INFORMATION

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|---|--|
| Are local, state, and regional organizations involved in Applicant's organization?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*If yes, please explain:</i> | |
| Is insurance to be extended to the Applicant's (NGB's) groups on a blanket basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participation in the NGB's insurance program is: <input type="checkbox"/> Mandatory <input type="checkbox"/> Optional* | |
| <i>*If optional, please explain:</i> | |
| Number of participants in associations to be covered by this insurance program: | |
| What activities are sanctioned by the Applicant? | |
| Explain the sanctioning procedures: | |
| In order to take part in a sanctioned event, what does the Applicant require to compete in an event? | |
| <input type="checkbox"/> 100% membership <input type="checkbox"/> 100% membership but will allow trial memberships <input type="checkbox"/> Applicant opens competitions to non-members | |
| Will Applicant host any World or National games during the upcoming policy period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are participants required to wear safety equipment during play? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please describe Personal Accident coverage provided for Applicant's association*: | |
| Carrier: | <input type="checkbox"/> Primary <input type="checkbox"/> Excess |
| Accident Limits: \$ | AD&D Limits: \$ |
| Catastrophic Limits: \$ | |
| Does Applicant promulgate sports rules?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*If yes, provide a copy of the rules.</i> | |
| Does Applicant have any international exposures?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*If yes, explain:</i> | |
| Is there a formal officials and/or coaches instruction program? * | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*If yes, provide a copy of the program.</i> | |
| Does the association have a formal athlete injury control program?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*If yes, provide a copy of the program.</i> | |
| Is a Waiver and Release of Liability signed by every participant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is a Waiver and Release of Liability signed by the parent/guardian for any minors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How often are waivers collected?* <input type="checkbox"/> Annually <input type="checkbox"/> Upon initial visit to facility <input type="checkbox"/> Other: | |
| <i>*Provide a copy of all Waivers and Releases used.</i> | |
| Does the association have a method of reviewing contracts entered into by its members? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe how information is disseminated from the national level to the individual members: | |
| Does the association have a method for ensuring the safety and adequacy of competition and spectator areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Does the association mandate local members' compliance with an established Sports Organization Risk Management Program, or does it take an informational approach and provide resources for local members? <input type="checkbox"/> Mandates Compliance* <input type="checkbox"/> Provides Resources <input type="checkbox"/> Other (describe): | |
| <i>*If association mandates local members adopt the association's Safety Program, how does the national association enforce this on a local level?</i> | |
| Are all competition areas in compliance with state and local codes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

| | |
|---|---|
| Does Applicant have any owned vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Applicant allow employees to use their own personal vehicles for business purposes?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>* If yes, how many? * If yes, how often?</i> | |
| Does Applicant allow coaches or other officials to use their own vehicles to transport participants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Applicant allow Local Organizations to rent vehicles for participant transportation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does Applicant rent/lease vehicles to others?* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <i>*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.</i> | |
| If HNOA is requested, please provide the following: | |
| Annual Cost of Hire: \$ | Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |



THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date