

Amateur Sports Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As sports activities vary, some questions may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Organization Name:
Legal Name:
Coverage Term Through
2. Facility Address:
(Street) (City, State, Zip)
Mailing Address(if different):
(Street) (City, State, Zip)
3. Contact Person:
4. Telephone Number: Fax Number:
5. Web site address: Date of Formation:
6. Person responsible for general operation of activities:
Years of experience and type of experience:
7. How do you wish to receive your quotation?
Via Fax Via E-mail Via Mail

INSURANCE INFORMATION

8. Current Policy Expiration Date:
Current Insurance Co:
Current Expiring Premium:
9. Has any insurer ever canceled or refused coverage? Yes No
If yes, please explain:
10. Please mark the boxes for those sports that apply.

SPORT	No. of Adults	No. of Youth
Aerobics	<input type="text"/>	<input type="text"/>
Badminton	<input type="text"/>	<input type="text"/>
Baseball	<input type="text"/>	<input type="text"/>

Basketball	<input type="text"/>	<input type="text"/>
Boxing	<input type="text"/>	<input type="text"/>
Cheerleading	<input type="text"/>	<input type="text"/>
Cross Country Skiing	<input type="text"/>	<input type="text"/>
Field Hockey	<input type="text"/>	<input type="text"/>
Flag Football	<input type="text"/>	<input type="text"/>
Floor Hockey	<input type="text"/>	<input type="text"/>
Golf	<input type="text"/>	<input type="text"/>
Ice Hockey	<input type="text"/>	<input type="text"/>
Lacrosse	<input type="text"/>	<input type="text"/>
Martial Arts	<input type="text"/>	<input type="text"/>
Roller Hockey	<input type="text"/>	<input type="text"/>
Rugby	<input type="text"/>	<input type="text"/>
Soccer	<input type="text"/>	<input type="text"/>
Softball	<input type="text"/>	<input type="text"/>
Swimming	<input type="text"/>	<input type="text"/>
T-Ball	<input type="text"/>	<input type="text"/>
Tackle Football	<input type="text"/>	<input type="text"/>
Tennis	<input type="text"/>	<input type="text"/>
Track	<input type="text"/>	<input type="text"/>
Volleyball	<input type="text"/>	<input type="text"/>
Weightlifting	<input type="text"/>	<input type="text"/>
Wrestling	<input type="text"/>	<input type="text"/>
Ultimate Frisbee	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

COVERAGES AND LIMITS

Limit

11. Commercial General Liability	\$ <input type="text"/>
General Aggregate	\$ <input type="text"/>
Participant Legal Liability	\$ <input type="text"/>
Products & Completed Operations (aggregate)	\$ <input type="text"/>
Personal and Advertising Injury	\$ <input type="text"/>

12. Other coverage needs:

UNDERWRITING

13. Total Annual Gross Receipts: \$ Admissions: \$
Concessions: \$ Retail: \$
Fees: \$

14. Do you own or rent your facility/playing field? Own Rent
If rented, please provide a copy of the rental agreement from the building or park owner.

15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)? Yes No

If yes, please explain

16. Square Footage of Facility/Playing Field:

17. Number of employees: Full-time Part-time

18. Is the facility/playing field rented for uses other than league games (birthday parties, banquets, etc.)? Yes No

If yes, please provide a copy of the facility/playing field use (rental) agreement.

19. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? Yes No

If yes, please describe:

20. Please describe medical and first aid facilities provided for competitors.

21. Does your facility subcontract out any of the following operations?

Janitorial	Concessions	Security	Facility/Field Maintenance	
If so, are certificates of insurance naming the facility as an additional insured obtained?				Yes No

22. Is there a system in place for obtaining certificates of insurance where applicable? Yes No

If yes, who reviews certificates on behalf of named insured?

What is the minimum limit of general liability coverage requested from each subcontractor?

23. Are childcare services provided? Yes No

If yes, do you do background checks on individuals providing child care services? Yes No

Please explain the services offered and the procedures in place to protect the children while in your care.

24. Do you have cooking surfaces on site? Yes No

If yes, are cooking surfaces property protected from fire exposures? Yes No

If yes, please explain

25. Is named insured involved in the sale or distribution of any products? Yes No

If yes, please explain:

26. Are there any special events planned at your facility/playing field during the coverage term (e.g. festivals, large tournaments, etc)? Yes No

Please explain

Estimated spectators for these events?

GENERAL QUESTIONS

- a. Yes No Are rules posted conspicuously and enforced at all times?
- b. Yes No Are participants required to wear safety equipment during play?
- c. Yes No Are participants required to sign a Waiver & Release of Liability?
Please provide a copy.
- d. Yes No Are copies of the Waiver & Release of Liability kept on file?
How long?
- e. Yes No Are the referees or coaches employees of your organization?
- f. Yes No Are parking lots well lit and patrolled?
- g. Yes No Are facility/playing field inspections and maintenance performed?
- h. Yes No Is a log kept of inspections and maintenance performed?
- i. Yes No Are written emergency procedures in place? (attach copy)
- j. Yes No Does the facility rent or repair sports equipment?

k. Yes No Is the facility locked so that patrons cannot use it when closed?

primary concern is outdoor activities

l. Yes No Are there construction operations on site?

If yes, is the work subcontracted to a third party with additional insured certificates provided?

[Empty rectangular box for subcontracting information]

27. Please also provide (quote will not be released until all of these materials are received and reviewed):

- Loss runs for the past three years (if applicable)
- Emergency procedures
- Lease agreement if your facility/playing field is not owned
- Sample waiver and release of liability

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Athos Insurance Services, LLC

Signature of Applicant [Empty rectangular box for signature]

Date [Empty rectangular box for date]

Athos Insurance Services, LLC
 P.O. Box 61102
 Pasadena, CA 91116
Phone: 626-716-9800
 Mobile (text): 626-379-6280
 Fax: 626-701-5047
 Email: service@athosinsurance.com
 Lic: 0H94681