

**Bollinger, Inc.**  
Amateur Sports Division

101 JFK Parkway  
Short Hills, NJ 07078  
(800) 350-8005  
Fax: (973) 921-2876

**Bollinger, Inc**  
**Amateur Sports**  
**Insurance Application**



Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Information**

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Other (describe) \_\_\_\_\_

Years in Operation \_\_\_\_\_ Web Site Address \_\_\_\_\_

Type of Organization:  Team  League  Athletic Association  State Association  National Governing Body

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

**Current Coverage Information**

**General Liability**

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

Limits: Per Occurrence \_\_\_\_\_

Aggregate \_\_\_\_\_

Current Rate \_\_\_\_\_

Annual Premium \_\_\_\_\_

Any losses in the last 3 years?  Yes  No

**Accident Medical**

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

Limit: \_\_\_\_\_

Deductible \_\_\_\_\_

Aggregate \_\_\_\_\_

Current Rate \_\_\_\_\_

Annual Premium \_\_\_\_\_

Any losses in the last 3 years?  Yes  No

**If you have had any claims, please include complete loss history from your insurance company for all coverages.**

Is Sexual Abuse Liability included?  Yes  No

Do you want Sexual Abuse Liability quoted?  Yes  No

Current Limit: \_\_\_\_\_

Please complete Sexual Abuse Information section on page 3.

Is Hired and Non-owned Auto coverage included?  Yes  No

Do you want Hired/Non-Owned Auto quoted?  Yes  No

Annual Auto Rental costs, if any: \$ \_\_\_\_\_

Is Host Liquor coverage included?  Yes  No

Do you want Host Liquor quoted?  Yes  No

**Coverages Desired**

Property\* \_\_\_\_\_ Sexual Abuse and Molestation Liability \_\_\_\_\_ Business Auto\* \_\_\_\_\_

Crime\* \_\_\_\_\_ Hired and Non-owned Auto\* \_\_\_\_\_ Excess Liability\* \_\_\_\_\_

Equipment\* \_\_\_\_\_ Directors' & Officers' Liability\* \_\_\_\_\_ Cyber Liability\* \_\_\_\_\_

**\*If yes, please submit Acord forms or contact Bollinger for these coverages.**

## General Program Information

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

If yes, what organization: \_\_\_\_\_

If not, what rules and regulations are used? (i.e., NCAA, FIFA, NFHS, High School, your own) \_\_\_\_\_

### **If you have developed your own rules of play, you must submit a copy with this application.**

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

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

Is there a written safety program?  Yes  No

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

Do you utilize a waiver form?  Yes  No

### **The use of signed waivers is required for all insureds. Please submit a copy of the waiver used by your association.**

Do you have any travel teams?  Yes  No If so, what is the maximum travel distance? \_\_\_\_\_

Any over night travel?  Yes  No How many nights per year? \_\_\_\_\_

If yes, please complete Sexual Abuse Information on page 3.

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

## Fundraising/Booster Clubs

Please describe any fundraising activities \_\_\_\_\_

Annual Receipts from fundraising \$ \_\_\_\_\_

Do you operate concession stands?  Yes  No Annual Receipts from concessions \$ \_\_\_\_\_

Is there an organizational Booster Club?  Yes  No If yes, are they are a separate legal entity?  Yes  No

If a separate legal entity, do they have separate liability coverage?  Yes  No

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

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

If yes, please describe: \_\_\_\_\_ Annual receipts \$ \_\_\_\_\_

Do you host any Special Events other than fundraisers? If yes, please describe: \_\_\_\_\_

## Fields/Facilities

How many fields/facilities are utilized:

Privately owned # \_\_\_\_\_  Owned by your organization # \_\_\_\_\_  Municipality owned # \_\_\_\_\_

Who is responsible for field/facility maintenance?  Your Organization  Landlord

Is your organization responsible for any field/facility 24 hours a day?  Yes  No

**Please complete the Participant Census on page 4.**

**Additional Insured Information**

Are any additional insureds required?  Yes  No If yes, please list names, addresses and relationship to your organization.

\_\_\_\_\_

Are certificates of insurance required?  Yes  No If yes, please list names and addresses.

\_\_\_\_\_

Use additional sheet, if necessary.

**Sexual Abuse Liability Underwriting**

Does your employment and 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

Do you routinely request and receive background investigations on the following individuals? Employees  Yes  No  
Volunteers  Yes  No

Do you discuss (at staff/volunteer orientations) child/sexual abuse prevention and awareness, including how to recognize the signs, and what to do if a member reports someone molested him/her, etc.?  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

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? \$ \_\_\_\_\_

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 applications, your premium payment 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, or 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 claim for each such violation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Broker \_\_\_\_\_

Broker City, State, Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

# BOLLINGER AMATEUR SPORTS PROGRAM – UNDERWRITING INFORMATION

## Sports Camps and Clinics

Please complete the appropriate section, if applicable.

### Sports Camps and Clinics

1. Name of Camp: \_\_\_\_\_
2. Location of Camp: \_\_\_\_\_
3. Type of Camp: \_\_\_\_\_ Day/Commuter: \_\_\_\_\_ Overnight/Resident: \_\_\_\_\_
4. Age of Campers: From: \_\_\_\_\_ to: \_\_\_\_\_
5. Are Parental Waivers and Releases of Liability obtained from each participant? \_\_\_\_\_  
If not, are you willing to put in a requirement for obtaining signed waivers from each camper? \_\_\_\_\_
6. Do you have a written Crisis Management Plan? \_\_\_\_\_ Written Emergency Medical Plan? \_\_\_\_\_
7. For overnight camps, describe your facilities for overnight accommodations: School: \_\_\_\_\_ University/College: \_\_\_\_\_  
Other (Please Describe) \_\_\_\_\_
8. Do all facilities conform to life safety and security code standard for dormitories? \_\_\_\_\_

### Day Camps and Clinics Exposure Basis

Session Dates	Name & Location of Camp/Clinic	# Days per Session	x	(# Coaches/Day	+	# Campers/Day)	=	Total Camper Days
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Overnight Camps and Clinics Exposure Basis

Session Dates	Name & Location of Camp/Clinic	# Days per Session	x	(# Coaches/Day	+	# Campers/Day)	=	Total Camper Days
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Certification

By signing this application, I hereby verify that the information provided is true and correct.

Applicant's Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Must be signed by an Officer of the Insured's Operation

Agent's Name (if any): \_\_\_\_\_ Agent's License #: \_\_\_\_\_