

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:
Occurrence _____ Deductible _____
Aggregate _____ Aggregate _____
Current Rate _____ Current Rate _____
Annual Premium _____ Annual Premium _____

Any losses in the last 3 years? Yes No

Accident Medical

Ins. Company: _____
Limit: _____
Deductible _____
Aggregate _____
Rate _____
Annual Premium _____

Any losses in the last 3 years? Yes No

If yes, please include complete loss history for all coverages.

Is Sexual Abuse and Molestation included? Yes No

Limits: Occurrence _____

Aggregate _____

Hired and Non-owned Auto coverage included? Yes No

Annual Auto Rental costs, if any: \$ _____

Coverages Desired

Property* _____ Sexual Abuse and Molestation _____
Crime* _____ Hired and Non-owned Auto* _____
Equipment* _____ Directors' & Officers' Liability* _____

*If yes, please submit Acord forms 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, high school, your own) _____

A copy of any of your own rules and regulations MUST accompany 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 utilize a waiver form? Yes No **Waivers are required for all risks. Please submit a copy.**

Are there any traveling teams? Yes No If so, how far? _____

Any over night travel? Yes No How often? _____

Who arranges overnight travel? _____

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

Fundraising/Booster Clubs

Please describe any fundraising activities _____

Annual Receipts from fundraising \$ _____

Do you sell concessions? 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 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 \$ _____

Any Special Events other than fundraisers? If yes, please describe: _____

Fields/Facilities

How many fields/facilities are utilized:

Privately owned # _____ Organization owned # _____ Municipality owned # _____

Who is responsible for field/facility maintenance? Organization Landlord

Is the 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 relationships

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

Sexual Abuse Information

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, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations? 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 resulting 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 Producer _____

Producer City, State, Zip _____

Telephone Number (_____) _____

