

## Amateur Sports Insurance Enrollment Form

Enrollment form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is Named Insured's formal request to obtain insurance through the Special Markets Sports & Recreation Insurance Program and / or Special Markets Risk Purchasing Group.

### GENERAL INFORMATION

Named Insured \_\_\_\_\_

Named Insured is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

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

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

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Activity Start Date \_\_\_\_\_ Activity End Date \_\_\_\_\_

Coverages Requested  Accident Medical  General Liability  Accident Medical & General Liability  Terrorism Coverage

Type of Organization  Team  League  Association  Camp/Clinic (  Day Camp  Overnight Camp )

Other \_\_\_\_\_

Sport/Activity	Age(s)	Number of Participants (Including Coaches & Volunteers)
_____	Ages 12 & Under	_____
_____	Ages 13-15	_____
_____	Ages 15-18	_____
_____	Ages 18 & Up	_____
_____	Other _____	_____

### UNDERWRITING INFORMATION

Do you require participants and volunteers to sign waivers? \_\_\_\_\_

Do you provide employee/volunteer training and certification? \_\_\_\_\_

Do you have procedures for screening employees/coaches/volunteers before hiring? \_\_\_\_\_

Do you have a written contract with the facilities you utilize? (If yes, provide copy.) \_\_\_\_\_

Are you contractually obligated to name any organization as additional insured? If so, complete the following:

Additional Insured Name	Complete Address	Relationship to you
_____	_____	_____
_____	_____	_____

**PRIOR INSURANCE INFORMATION** *Provide minimum three years information.*

Year	Company	Type of Claim	Claim Amount
_____	_____	_____	_____
_____	_____	_____	_____

*Make Check Payable & Mail to Special Markets Insurance Consultants, Inc.*

**FRAUD STATEMENT [Not applicable in Colorado, Florida, New Jersey & Virginia]**

Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or settlement 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 subjects such person to criminal and (New York: substantial) civil penalties. In Maine and Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

*The above information is correct to the best of my knowledge.*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Local / Regional Licensed Agency**

Agency Name _____	License Number _____
Agent Name (printed) _____	Agent Address _____
City, State, Zip _____	Phone Number _____
Signature _____ (Licensed Agent)	Date _____
E-mail Address _____	Proposal Number _____