



Applicant Name:

Location Address: City: State: Zip:

Applicant's Website Address:

Contact Phone Number: Contact's Email:

Requirements to accompany submission:
5 year loss runs; Copy of waivers used.

1. Check which applies:

- ☐ Sports League ☐ Sports Club ☐ Sports Camp ☐ Tournament ☐ Race
☐ Batting Cages ☐ Martical Arts Center

2. If this is an amateur sports league, sports club, or sports camp, please specify below:

(If not listed below, call underwriter for rating directions)

SPORT	RATING BASIS	EXPOSURE
Baseball Camp (day only)	Camper Days	
Baseball Camp (overnight)	Camper Days	
Baseball League (over age 19)	Games	
Baseball League (under age 19)	Games	
Basketball Camp (day only)	Camper Days	
Basketball Camp (overnight)	Camper Days	
Basketball League (over age 19)	Games	
Basketball League (under age 19)	Games	
Bicycle Club	Members	
Football Camp (no tackle, day only)	Camper Days	
Football Camp (no tackle, overnight)	Camper Days	
Football League (no scrimmage or tackle - under age 19)	Camper Days	
Hockey Camp (day only)	Camper Days	
Hockey Camp (overnight)	Camper Days	
Hockey League (over age 19)	Games	
Hockey League (under age 19)	Games	
Martial Arts Studio	Members	
Non-Athletic Camp (over age 19)	Camper Days	
Non-Athletic Camp (overnight)	Camper Days	
Ropes Course (high)	Units	
Ropes Course (low)	Units	
Running Club	Members	
Soccer Camp (day only)	Camper Days	

SPORT	RATING BASIS	EXPOSURE
Soccer Camp (<i>overnight</i>)	Camper Days	
Soccer League (<i>over age 19</i>)	Games	
Soccer League (<i>under age 19</i>)	Games	
Sports Tournaments (<i>games</i>)	Games	
Sports Tournaments (<i>participants</i>)	Participants	
Swimming Camp (<i>day only</i>)	Camper Days	
Swimming Camp (<i>overnight</i>)	Camper Days	
Swimming League	Games	
Tennis Camp (<i>day only</i>)	Camper Days	
Tennis Camp (<i>overnight</i>)	Camper Days	
Tennis League	Games	
Volleyball Camp (<i>day only</i>)	Camper Days	
Volleyball Camp (<i>overnight</i>)	Camper Days	
Volleyball League	Games	
Wrestling Camp (<i>day only, drills only</i>)	Camper Days	
Wrestling Camp (<i>overnight, drills only</i>)	Camper Days	
Batting Cages	Each	
Race	Participants	

3. Liability Coverage (check coverage desired):

- ☐ General Liability - excluding injuries to participants
 ☐ General Liability - Including injuries to participants
☐ Participants' excess medical payments at \$1,000 each
 ☐ Participants' excess medical payments at \$2,500 each
☐ Abuse & Molestation (available for youth leagues)

4. Operation Dates if this is not to be an annual policy: to

5. Is there an accident/medical policy in place? ☐ Yes ☐ No

If yes, please advise limits of liability:

6. Are participants/members (or parents of minors) required to sign waivers? ☐ Yes ☐ No

Underwriting Information

FOR ABUSE COVERAGE:

1. Do you verify employment-related references? ☐ Yes ☐ No

If yes, how:

2. Do you perform a criminal background investigation, including sexual abuse or child abuse-related offenses?

☐ Yes ☐ No

On prospective employees and volunteers? ☐ Yes ☐ No

On existing employees and volunteers? ☐ Yes ☐ No

How often?

3. Do you discuss the following items at staff orientation:

Abuse and molestation: ☐ Yes ☐ No

How to recognize the signs of abuse: ☐ Yes ☐ No

What to do if an individual reports someone molested him/her: ☐ Yes ☐ No

4. Do you have knowledge or any incident which would give rise to, or result in, an allegation or sexual abuse?

☐ Yes ☐ No

If yes, please explain:

5. Has there ever been an allegation of sexual abuse made against you? ☐ Yes ☐ No

If yes, please explain:

FOR LEAGUES:

1. Number of teams:

2. Total number of games played per season (include playoffs, championships, and tournaments):

3. Does the league provide umpires, referees, or other officials? ☐ Yes ☐ No

If yes, please explain:

4. Does the league provide training for officials, team managers, or coaches? ☐ Yes ☐ No

If yes, please explain:

CLUBS:

1. Number of members:

2. Are non-members allowed to participate? ☐ Yes ☐ No

3. Number of events/games/races per year:

4. Does the club provide any officials? ☐ Yes ☐ No

If yes, please explain:

5. Are there any other activities the club sponsors other than the primary sport? ☐ Yes ☐ No

If yes, please explain fully:

6. Do members volunteer time to work for the club? ☐ Yes ☐ No

If yes, please explain:

FOR CAMPS:

1. Total number of "day only" participants for all days:

(Example: 15 day-only participants for 3 days + 10 day-only participants for 1 day = 55)

2. Total number of "day & overnight" participants for all days:

(Example: 10 overnight for 20 nights + 5 overnight for 5 nights = 225)

FOR TOURNAMENTS:

1. Type of sport:

2. Total number of games to be played:

3. Total number of teams:

4. Total number of participants:

5. Total number of spectators:

FOR RACES:

1. Describe the type of race:
2. Where is the race being held?
3. Total number of participants:
4. Total number of spectators:
5. Describe the traffic control procedures:

BATTING CAGES:

1. How many batting cages? ☐ Yes ☐ No
2. Are daily accuracy & maintenance checks made? ☐ Yes ☐ No
3. Reduced Injury Factor (RIF) baseballs used? ☐ Yes ☐ No
4. Number of people allowed in batting cages at one time:
5. Are batting helmets required? ☐ Yes ☐ No
6. Are cages completely enclosed? ☐ Yes ☐ No
7. Are all surfaces non-skid? ☐ Yes ☐ No
8. Are settings on pitching machine secured? ☐ Yes ☐ No
9. Are rules for use of batting cages clearly posted? ☐ Yes ☐ No
10. What is maximum speed? ☐ Yes ☐ No

MARTIAL ARTS:

1. Belt rank of chief instructor:
2. Number of students:
3. List all styles taught:
4. Are all styles taught "defense oriented"? ☐ Yes ☐ No
If no, please describe:
5. Does the school engage in sparring? ☐ Yes ☐ No
If yes, please provide copy of sparring rules.
6. Is there any sparring with weapons? ☐ Yes ☐ No *Contact with weapons unacceptable*
7. Type of weapons taught:
8. What protective gear is used?
9. What belt rank must a student obtain before learning weapons?
10. Do students participate in tournaments? ☐ Yes ☐ No
If yes, number of sponsored tournaments:
If yes, number of participants in sponsored tournaments:
11. Does the school engage in boxing or kickboxing? ☐ Yes ☐ No
If yes, are these activities done for training or exercise only and without an opponent?
12. Total annual receipts from membership fees/tuition:
13. Name of federation or association the school is affiliated with:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:		Date:	
Agents's Signature:		Date:	

PRINT**Please submit completed application to your Independent Insurance Agent in electronic or printed format.****Western National Insurance Group****Central Region**

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com