



**APPLICATION for: Participant Accident - Amateur Sports**

**SECTION I. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Website: \_\_\_\_\_
  
2. Nature of Business: \_\_\_\_\_
  
3. Is this a state governmentally run entity?  Yes  No

**SECTION II. RISK DATA**

4. Type of Group:  Team/League  Club  Association  Not-for-Profit  
 Employer  Camps/clinics  Other: \_\_\_\_\_
  
5. Description of Covered Persons: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Describe Activities to be Covered: \_\_\_\_\_  
 \_\_\_\_\_
  
- Participating in Covered Activities Only  Travel to and from Covered Activity

**SECTION III. BENEFITS SCHEDULE**

7. Accidental Death & Dismemberment: \$ \_\_\_\_\_
8. Accidental Medical Expense Benefit Maximum: \$ \_\_\_\_\_  
 Benefit Period:  1 year  2 years  
 Deductible:  \$0  \$50  \$100  \$250  \$500  Other: \$ \_\_\_\_\_  
 Medical Expense Coverage:  Primary  Excess
9. Other Requested Benefits: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV. PRIOR COVERAGE**

10. Is there an accident insurance policy currently in force?  Yes  No  
 Effective Date(MM/DD/YYYY): \_\_\_\_\_ Expiration Date(MM/DD/YYYY): \_\_\_\_\_

If "Yes", please provide the following information for at least the past three (3) full years of coverage by year:

	Year 1	Year 2	Year 3
Name of the current carrier			
Premium			
Paid and pending losses			
Number of Claims			
Plan Changes during that experience period			
Detailed claim information from the carrier, if available			

**SECTION V. EXPOSURE**

11. a. Number of participants: \_\_\_\_\_ **BY AGE:** 12 & Under: \_\_\_\_\_ 13-15: \_\_\_\_\_  
16-18: \_\_\_\_\_ 19 and up: \_\_\_\_\_
- b. Maximum Age: \_\_\_\_\_
12. Amount of Exposure by each Participant (# of events, meetings, length of season, tournaments, etc.):  
\_\_\_\_\_
13. Requested dates of coverage: From(MM/DD/YYYY): \_\_\_\_\_ To(MM/DD/YYYY): \_\_\_\_\_

**SECTION VI. PARTICIPATION**

14. Are Volunteers included in the exposure?  Yes  No  
If "Yes", how many volunteers? \_\_\_\_\_

**SECTION VII. OTHER INFORMATION**

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.
4. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date (Mo/Day/Yr): \_\_\_\_\_  
Applicant Organization: \_\_\_\_\_