

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Requested Effective Date

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. 12 months of coverage is provided.

Number of Participants

Youth (age under 18)

Adult (18 and over)

Accident Coverage Premium Rate Calculator *Minimum Premium is Fully Earned Upon Policy Inception.*

	Rate per person	Calculated Premium
Number of Youth Participants	x	=
Number of Adult Participants	x	=
Fully Earned Minimum Premium =		
Total Accident Premium =		

General Liability Coverage

General Liability Questionnaire

- | | | |
|---|-----|----|
| 1. Has your past liability coverage been canceled in any way in the last three years? | YES | NO |
| 2. Does your organization currently utilize a waiver system? | YES | NO |
| 3. Does your organization currently have a risk management plan? | YES | NO |
| 4. Is your current insurer non-renewing coverage? | YES | NO |
| 5. Have any liability claims been paid by your insurer during the last 3 years? | YES | NO |
| If yes, please describe claims: | | |

- | | | |
|--|-----|----|
| 6. Do you own or operate any sports fields, courts or facilities on a 24-hour basis? | YES | NO |
| 7. Are any of your players compensated/paid to participate in your organization? | YES | NO |
| 8. Is your organization school-sanctioned? | YES | NO |
| 9. Are any activities held on residential property? | YES | NO |
| 10. Do any activities take place at a pool that you own, operate or manage? | YES | NO |

General Liability Coverage Premium Rate Calculator *Minimum Premium is Fully Earned Upon Policy Inception. Rates include \$1,000,000 Per Occurrence / \$1,000,000 Aggregate General Liability Policy.*

General Liability Aggregate

\$1,000,000

\$2,000,000

\$3,000,000

\$4,000,000

\$5,000,000

Total Number of Participants

Rate per person

Calculated Premium

x

=

Fully Earned Minimum Premium =

Total General Liability Premium =

Optional Coverages *Premiums are fully earned.*

Hired and non-owned automobile liability coverage *12 or 15 plus passenger vans are ineligible for this program.*

\$250,000 for an additional \$250.00 \$500,000 for an additional \$500.00 No, thank you. =

Medical Payment

\$10,000 for an additional of Liability Premium No, thank you. x =

Abuse or Molestation Liability Coverage

\$100,000 / \$300,000 for an additional \$1000.00 No, thank you. =

The following optional coverages are also available but subject to additional underwriting:

\$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000, Excess Liability Coverage of up to \$4,000,000.

Please contact your agent. [Download Abuse Questionnaire](#)

General Liability Premium Subtotal =

Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Your Premium Rate Subtotal =

Additional Insureds requiring Primary Non-Contributory Endorsements x \$100.00 =

Additional Insureds requiring Waiver of Subrogation Endorsements x \$100.00 =

Total Liability Premium =

Excluded Activities

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event, or display arising out of fireworks, or any other use of pyrotechnics including any firework sales.

Any use, handling, or storage of any firearms, ammunition, or explosives.

Any operations involving bungee devices, carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Payment

Enclosed is: my payment for the total premium 20% of my total premium

Payment method: ACH Credit Card

FLD Broker Fee =

Total Amount Due
Including FLD Broker Fee

Acknowledgments and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Waiver Requirement** Each organization or team must implement a Release and Waiver of Liability and Indemnity Agreement for all players and staff. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a player or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a player or staff member. A sample waiver and release form is available upon request.
- c. **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 there to, commits a fraudulent insurance act, which may be a crime.
- d. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
 - (a) this application will form part of any policy issued,
 - (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
 - (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
 - (d) only those persons eligible under the terms of an issued policy will be insured.

Agency Name

Anthony Insurance Services, Inc.

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

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Signed for the Proposed Policyholder

.....
Signed by Licensed Agent

.....
Date

.....
Licensed Agent Name

