GAGLIARDI INSURANCE

2017

Amateur Sports Insurance Application

INDEX

Program Coverage Summary

$ 2,000,000	Liability Aggregate
$ 1,000,000	Personal and Advertising Injury
$ 1,000,000	Liability Each Occurrence
$ 300,000	Damage to Rented Premises
$ 25,000	Accident Medical Limit (Excess)
$ 10,000	Accident Death & Dismemberment
$ 100	Medical Deductible per occurrence

Additional limits, sports and coverage available, please contact our office for details.

Amateur Sports Application

Broker Information

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage:_____

Name of Contact / Agent:_____

Mailing Address of Agency / Brokerage:_____

City:_____ State:_____ Zip Code:_____

Phone:_____Fax:_____

Email:_____

Client Information

Conference Name:_____

Organization/Association Name:_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____Fax:_____

Email:_____

Individual Responsible For Insurance:_____

President Name:_____

Add an Additional Contact Allowed to Request Information

Name:_____ Phone: _____Email: _____

☐ **New Policy** (New to Gagliardi)

☐ **Renewal** (Renewing a policy)

☐ **Adding Teams / Coverages** (Adding to an existing policy)

Underwriting Questions

Yes☐ No☐ Does your organization adopt or adhere to rules and regulations created by a nationally recognized rulemaking organization? (AAU, MLB, NBA, NCAA, FIFA, etc...)

Yes☐ No☐ Do any covered activities involve pole-vaulting or any other track and field activity that involves thrown objects? (If Yes, contact our office for the supplemental application)

Yes☐ No☐ Do any covered activities involve using a firearm that does not take place on a premises specifically designed for the purpose of discharging firearms?
(If Yes, contact our office for the supplemental application)

Yes☐ No☐ Have you or the team, league, or organization had any claims filed against it within the last four years? (If Yes, please provide a carrier generated loss runs report)

Yes☐ No☐ Is there an overnight exposure associated with the team, league, camp, or clinic?

Yes☐ No☐ Do you require a completed waiver from all participants or agree to require the attached waiver?

Yes☐ No☐ N/A☐ Is a parent's signature required for minors?

Yes☐ No☐ Do you have a written incident report procedure in place or agree to put one in place?
(If No, please contact our office for an example)

Yes☐ No☐ Do any covered activities involve the use of a pool?

Total number of participants must be the same for both Liability and Accident Medical worksheets

Liability Coverage Worksheet

Sport	Ages 12U	Rate Ages 12U	Ages 13-15	Rate Ages 13-15	Ages 16-19	Rate Ages 16-19	Ages 21+	Rate Age 21+	Premium Due
Archery		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Badminton		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Baseball		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Basketball		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Bowling		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Cheerleading (no stunts)		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Cheerleading (stunts)		$ 3.89		$ 3.89		$ 3.89		$ 3.89	
Cricket		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Dance		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Diving		$ 4.84		$ 4.84		$ 4.84		$ 4.84	
Drill Team		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Fencing		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Field Hockey		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Flag Football		$ 3.89		$ 3.89		$ 3.89		$ 3.89	
Golf		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Gymnastics		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Ice Hockey		$ 4.84		$ 4.84		$ 4.84		N/A	
Ice Skating		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Inline Hockey		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Lacrosse		$ 3.89		$ 3.89		$ 3.89		$ 3.89	
Rifle/Skeet Shooting		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Rowing		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Rugby		$ 4.84		$ 4.84		$ 4.84		N/A	
Adult Soccer		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Youth Soccer		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Strength & Conditioning		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Softball		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Squash		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Swimming		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Tennis		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Track & Field		$ 3.10		$ 3.10		$ 3.10		$ 3.10	
Umpire/Referee		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Volleyball		$ 1.75		$ 1.75		$ 1.75		$ 1.75	
Water Polo		$ 2.33		$ 2.33		$ 2.33		$ 2.33	
Weightlifting		$ 3.10		$ 3.10		$ 3.10		$ 3.10	

Total Premium Due for General Liability Coverage:

$_____

(Minimum Premium is $250)

Please provide breakdown for number of participants in each age category:

(# of Participants x Rate = Premium Due)

Accident Medical Coverage Worksheet

Sport	Ages 12U	Rate Ages 12U	Ages 13-15	Rate Ages 13-15	Ages 16-19	Rate Ages 16-19	Ages 21+	Rate Age 21+	Premium Due
Archery		$ 3.69		$ 3.69		$ 3.69		$ 5.80	
Badminton		$ 3.69		$ 3.69		$ 3.69		$ 5.80	
Baseball		$ 2.13		$ 5.45		$ 10.37		$ 22.42	
Basketball		$ 2.28		$ 3.42		$ 11.04		$ 16.42	
Bowling		$ 3.69		$ 3.69		$ 3.69		$ 5.80	
Cheerleading		$ 2.36		$ 4.96		$ 11.50		$ 17.17	
Cricket		$ 2.13		$ 5.45		$ 10.37		$ 22.42	
Dance		$ 4.34		$ 5.67		$ 14.50		$ 19.48	
Diving		$ 3.05		$ 5.00		$ 10.19		$ 21.67	
Drill Team		$ 4.34		$ 5.67		$ 14.50		$ 19.48	
Fencing		$ 2.79		$ 3.49		$ 4.68		$ 8.36	
Field Hockey		$ 2.27		$ 3.35		$ 10.58		N/A	
Flag Football		$ 1.37		$ 2.43		$ 4.16		N/A	
Golf		$ 3.39		$ 3.39		$ 3.39		$ 6.44	
Gymnastics		$ 2.36		$ 4.96		$ 10.41		$ 15.47	
Ice Hockey		$ 7.93		$ 23.70		N/A		N/A	
Ice Skating		$ 3.05		$ 3.68		$ 10.41		$ 15.47	
Inline Hockey		$ 2.27		$ 3.35		N/A		N/A	
Lacrosse		$ 3.52		$ 4.53		$ 6.15		N/A	
Rifle/Skeet Shooting		N/A		$ 3.51		N/A		$ 8.26	
Rowing		$ 3.69		$ 6.58		$ 13.87		N/A	
Softball		$ 1.87		$ 2.79		$ 10.37		$ 22.42	
Swimming		$ 2.95		$ 2.95		$ 3.27		$ 6.10	
Tennis		$ 2.95		$ 2.95		$ 4.04		$ 7.79	
Track & Field		$ 1.89		$ 1.95		$ 2.64		$ 12.08	
Umpire/Referee		$ 4.28		$ 4.28		$ 4.28		$ 4.28	
Volleyball		$ 1.73		$ 2.14		$ 2.27		$ 5.44	
Water Polo		$ 2.97		$ 4.03		N/A		N/A	
Weightlifting		$ 7.25		N/A		N/A		$ 14.88	
Squash		$ 2.99		$ 3.49		$ 10.40		$ 21.88	
Soccer		$ 4.22		$ 5.43		$ 7.70		N/A	

Total Premium Due for Accident Medical Coverage:

$_____

(Minimum Premium is $100)

Abuse & Molestation

If you do not wish to purchase Abuse & Molestation Coverage, please skip this page

How many participants do you have? _____

Do you verify employment related references and conduct personal interviews?	Yes ☐	No ☐
Is prior employment verified for each applicant?	Yes ☐	No ☐
If permitted by state law, does your organization routinely request and receive background investigations for staff and volunteers?	Yes ☐	No ☐
Does your employment application include questions regarding prior criminal convictions?	Yes ☐	No ☐
Do you advise every applicant that criminal background checks will be performed?	Yes ☐	No ☐
Do you discuss the importance of providing a safe environment for the children in your care?	Yes ☐	No ☐
Does your orientation include how to recognize the signs of an abused child?	Yes ☐	No ☐
Do you have written procedure in place to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?	Yes ☐	No ☐
Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?	Yes ☐	No ☐
Has a claim ever been made against your facility?	Yes ☐	No ☐

Identify staff status (check all that apply):

Employees ☐ Volunteers ☐ Parent-volunteers ☐

Rate:

☐ 1 - 99 Participants = $500 Premium

☐ 100 - 999 Participants = $1,000 Premium

☐ 1,000 Participants or greater = EXCLUDED

Acknowledgment

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.
MISLEADING or FALSE information on an application may be subject to criminal and civil penalties and could affect coverage.
By signing this document I confirm that to the best of my knowledge the information contained herein is accurate:

_____ _____

Printed Name Title

_____ _____

Signature Date

Additional Coverage Options

Excess Liability Limit

Increases your General Liability (Aggregate & Per Occurrence) by option selected.

Please select limit increase you wish to purchase	Excess Liability Option	Coverage Description	Premium Due
☐	**$1,000,000**	(Increases Aggregate/Per Occurrence: $2M/$1M → **$3M/$2M**)	$ 500
☐	**$2,000,000**	(Increases Aggregate/Per Occurrence: $2M/$1M → **$4M/$3M**)	$ 750

Medical Expense

If you would like to purchase Medical Expense Coverage, please fill out this section:

Yes ☐ No ☐ Rate: $100 Premium | $5,000 limit

Waiver of Subrogation / Primary & Non-Contributory Writing

If you would like to purchase Waiver of Subrogation / Primary & Non-Contributory Verbiage, please fill out this section:

Yes ☐ No ☐ Rate: $150 Premium

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act*: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83%
BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

☐	I hereby elect to purchase terrorism coverage for .029 x General Liability premium from page 3 $_____.
☐	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

**** This form shows you understand you are buying into a "Master" not an "Individual" policy for your excess accident medical coverage.* ***Please sign and date the required form, include with final submission.***

Starr Indemnity & Liability Participant Sports Insurance Trust
ACCIDENT MEDICAL PARTICIPATION AGREEMENT

The undersigned organization requests that it be approved as a Subscriber to the Starr Indemnity & Liability Participant Sports Insurance Trust. In making this request, the organization accepts and agrees to the appointment of Wilmington Savings Fund Society, FSB. The organization acknowledges that the purpose of the Trust is to make blanket accident insurance benefits available to eligible members. Insurance benefits are to be made available under blanket accident insurance policies as they become issued by Starr Indemnity & Liability Company to the Trustee. The undersigned organization agrees that it, and all participating eligible members, shall be bound by all the terms and conditions of each relevant blanket accident insurance policy, as they may from time to time be amended. The proposed participating Subscriber organization shall be notified by the Trustee (or its authorized representative) as to the acceptance or rejection of this request within 60 days of the date the request is made, or be given reason for further delay.

Name of Organization:_____

Authorized Signature:_____

Name & Title: _____

Date: _____

For information purposes only: Benefits for eligible persons of the Participant are provided under Master Policy BAP 680000

Amateur Sports Application

Additional Insured / Certificate Holder List

Complete Address required for completion of certificate.
If Endorsement is required, please include copy of contract or insurance requirements

☐ **Check here to duplicate certificates on file** (Same as last year)

☐ **I am allowing others in my organization to access the account and request certificates.**

OR

☐ **I am the only one in my organization that can access account information and request certificates.**

Additional Insured (Full Name)	Additional Insured (Full Name)
Address	Address
City, State, Zip	City, State, Zip
Relationship to Insured	Relationship to Insured
Additional Insured (Full Name)	Additional Insured (Full Name)
Address	Address
City, State, Zip	City, State, Zip
Relationship to Insured	Relationship to Insured
Additional Insured (Full Name)	Additional Insured (Full Name)
Address	Address
City, State, Zip	City, State, Zip
Relationship to Insured	Relationship to Insured
Additional Insured (Full Name)	Additional Insured (Full Name)
Address	Address
City, State, Zip	City, State, Zip
Relationship to Insured	Relationship to Insured

Attach additional list of Additional Insured when necessary.
Or you may request online at www.gsportsinsurance.com – "Request a Certificate"

- Policy will begin upon receipt of application and premium, and will be valid for the specified term.
- No backdating will be allowed under any circumstances.
- To add participants/days at any time during the policy period please complete another application and submit to our office along with premium.
- Participants cannot be deleted or removed after policy has been bound and processed.

Policy Effective Date Requested: _____

ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

No Refunds

Total Amount from Premium Due Columns: $_____

Agency Fee (non-refundable)**:** **$30**

Expedite Fee (Optional 24hr Rush Delivery): **$50 (optional)**
(Normal Processing is Approximately 5 Business Days)

Total Amount Due For Premiums and Fees: $_____

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request.
Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

☐ **← Please Check: I understand once my policy is paid for and coverage is bound, there are no deleting teams/participants or refunds.**

Date:_____ Applicant Signature: _____

Print Name and Title: _____

Please sign and submit this application via mail, fax or e-mail along with your method of payment

(Payment link via email / check by mail / e-check or credit card by fax/email – forms attached)

Payment Options

☐ Payment Link (Electronic Payment) check box and we will forward payment link via email upon review of application

☐ Check by mail

☐ Visa or MasterCard (Authorization form attached – next page)

☐ Check by fax (E-Check) Please fill out section below and attach a voided check (required) in the space provided. Do NOT mail in check.

I, _____ authorize Gagliardi Insurance Services, Inc. to charge my account in the amount of $_____ for insurance premium.

My account information is as follows:

Bank Name: _____

Bank Account Type:_____ (Checking, Savings, Business Check)

Bank ABA Routing Number: _____

Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I, _____, notify Gagliardi Insurance Services, Inc. of its cancellation by sending written notice either by email, fax, or mail.

ATTACH CHECK HERE

Signature _____ Date _____

Printed Name _____

Credit Card Authorization Form

Name (as it appears on the card):	
Credit Card Number: *Visa/MasterCard/Discover only*	
Expiration Date:	
V Code: 3 Digit code on back of the credit card	
Amount to Be Billed: Use total premium including fees	
Billing Address:	
Billing City, State, and Zip Code	
Billing Date: Will be processed upon review unless otherwise noted	
Name of Insured / Policy Holder: Name of Team/League	

I,_____, authorize the use of my credit card described above for charges related to the services and products provided by Gagliardi Insurance Services, Inc.

_____ _____

Cardholder's Signature Date

Waiver of Liability, Release *(sample)*

For and in consideration of the undersigned participant's registration with _____(Name of Organization) ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent('s)/guardian('s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s)or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor**:** I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

_____

Participant Signature **Age** **Date Signed**

_____

Participant Name (Print)

_____

Parent or Guardian Signature **(if under 18)** **Date Signed**

California Office
950 S. Bascom Ave.
Suite 3010
San Jose, CA 95128

Pennsylvania Office
109 S. 13th St.
Suite 117B
Philadelphia, PA 19107

Email
sales@gsportsinsurance.com
Phone
800-995-9768
Website
gsportsinsurance.com

Submission Options:

- Send to Pennsylvania office listed above
- Scan and email to sales@gsportsinsurance.com
- Fax to 408-414-8199

THANK YOU from The Gagliardi Team