



## General Insurance Application for Quote

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**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: \_\_\_\_\_

**Contact Information**

(Please Fill-in All Applicable Fields)

Organization/Association Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Individual Responsible For Insurance: \_\_\_\_\_

Type of business or organization: For Profit: \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Association: \_\_\_\_\_ Non Profit: \_\_\_\_\_ Other: \_\_\_\_\_

Entity's Years In Business: \_\_\_\_\_ Owner's Years Of Experience: \_\_\_\_\_

Brief description of organization: \_\_\_\_\_

Last Year's Expiring Premium: \$ \_\_\_\_\_

Last Year's Expiring Carrier: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Desired Expiration Date: \_\_\_\_\_

**General Liability**

**Aggregate**  
(Maximum Payment Per All Claims)

**Occurrence**  
(Maximum Payment Per Occurrence)

\$1,000,000: \_\_\_\_\_

\$1,000,000: \_\_\_\_\_

\$2,000,000: \_\_\_\_\_

None: \_\_\_\_\_

\$1,000,000: \_\_\_\_\_

**Excess Liability**

(Increase in Aggregate and Occurrence)

\$1,000,000:

\$2,000,000:

\$3,000,000:

\$4,000,000:

Estimated number of spectators per event: \_\_\_\_\_



**Accident Medical**

(Please Select A Limit Option Below)

None:            \$25,000:            \$100,000:            Other: \_\_\_\_\_

(Please Select A Deductible Option Below)

\$0:            \$100:            \$250:            \$500:            \$1,000:

**Facility Insurance**

(If Applicable)

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sprinklers: Yes      No                              Alarm: Yes      No

Area (Square Footage): \_\_\_\_\_

Annual Sales / Receipts (Required for Facility Coverage): \$ \_\_\_\_\_

**Participant Legal Liability Coverage**

- Only included if both General Liability and Accident Medical coverage are purchased -

Do you need participant coverage?                              Yes            No

Is there sparring?                                                      Yes            No

Maximum number of visitors to the insured's venue  
or facility on a daily basis.                                              \_\_\_\_\_

Does the venue or facility ever host, sponsor or rent  
out to others?                                                              Yes            No

Are there instructions and warnings posted next to  
any equipment or machines?                                              Yes            No

Are employees trained to know CPR and informed of  
all emergency procedures?                                              Yes            No

Do you have a well stocked easily accessible first aid  
kit on the premises?                                                      Yes            No

Are background checks done on all employees  
dealing with children?                                              N/A            Yes            No

Does the facility offer sport instruction or personal  
trainers?                                                                      Yes            No

Does the facility have a pool?                                              Yes            No



## Underwriting Information

Have any of your policies or coverage's been declined, canceled, or non-renewed during the past 3 years?	Yes	No
----------------------------------------------------------------------------------------------------------	-----	----

Has the applicant had any claims filed against them in the last four years?	Yes	No
-----------------------------------------------------------------------------	-----	----

If yes, please briefly describe the claim(s) \_\_\_\_\_

\_\_\_\_\_

Do you follow rules created by a nationally known organization or association?	Yes	No
--------------------------------------------------------------------------------	-----	----

Do you require a signed waiver from all participants?	Yes	No
-------------------------------------------------------	-----	----

Do you require a parent's signature for minors?	N/A	Yes	No
-------------------------------------------------	-----	-----	----

Do you have a written incident reporting procedure in place?	Yes	No
--------------------------------------------------------------	-----	----

Is there an overnight exposure?	Yes	No
---------------------------------	-----	----

Do you keep a log of all incidents?	Yes	No
-------------------------------------	-----	----

## Medical Expense Coverage

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

Yes	No	\$5,000 limit
-----	----	---------------



## Participant Exposure Information

Please Provide the Estimated Annual Number of Participants by activity  
Please Note: DO NOT count the same participant for multiple sports

Type of Sport		Age 12yrs & Under Number of Annually Participants	Age 13yrs – 15yrs Number of Annually Participants	Age 16yrs – 18yrs Number of Annually Participants	Age 18yrs & Over Number of Annually Participants
Aerobics					
Baseball					
Basketball					
Baton Twirling					
Bowling					
Boxing					
Cheerleading					
Cross Country					
Dance					
Drill Team					
Fencing					
Field Hockey					
Tackle Football					
Flag Football					
Golf					
Gymnastics					
Handball					
Ice Hockey					
Ice Skating					
Inline Hockey					
Judo					
Karate					
Lacrosse					
Mixed Martial Arts					
Polo					
Kickboxing					
Racquetball					
Soccer					
Softball					
Swimming					
Tennis					
Track & Field					
Quidditch					
Volleyball					
Weightlifting					
Wrestling					
Other: _____					
Other: _____					



## 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.

<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured	<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured
<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured	<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured
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<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured	<hr/> Additional Insured (Full Name) <hr/> Address <hr/> City, State, Zip <hr/> Relationship to Insured

**Attach additional list of Additional Insured when necessary.  
Or you may request online at [www.gsportsinsurance.com](http://www.gsportsinsurance.com) – "Request a Certificate"**



## Liquor Liability

**If you do not wish to purchase Liquor Liability Coverage,  
please skip pages 7 through 9**

### THIS APPLICATION IS FOR QUOTE

#### Underwriting Information

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_ Days open a week: \_\_\_\_\_

Operating Hours - Mon-Thurs: \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Hours a Full-Time Manager is on Duty: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Name on Liquor License: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Annual Concession Sales: Food \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Type of Liquor Sold:    Hard Liquor            Beer            Wine            Wine Cooler

Median Age of Customers:    18-25            26-30            31-45            46 and over

Is any underlying coverage provided through the concessionaire or vendor? Yes            No

If so, what are the limits? \_\_\_\_\_

Who is the Vendor? \_\_\_\_\_

Is there a contract in place with any concessionaire or vendor?    Yes            No

- Please attach copy of concessionaire and/or vendor contract if applicable -

Limit Requested: \_\_\_\_\_

Distance to the nearest college campus: \_\_\_\_\_

Does your operation target college students?    Yes            No

Does the Insured offer any of the following promotions?

Happy Hour:    Yes            No            Multiple Drink Incentives (Two for one, etc):    Yes            No

Drink Specials:    Yes            No            "All you can drink" Specials:    Yes            No

Ignited Beverages:    Yes            No

If "Yes" to any of the above, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Liquor Liability Application Continued

**Fire Safety**

Do you have Automatic Sprinklers? Yes No  
Distance to the nearest fire station: \_\_\_\_\_  
Number of Stories: \_\_\_\_\_ Facility Maximum Capacity: \_\_\_\_\_  
Have you ever been cited for exceeding capacity? Yes No

**Licensing Questions**

Have you incurred any liquor claims in the past 5 years? Yes No  
If yes, why? \_\_\_\_\_  
Has your coverage ever been non-renewed? Yes No  
If yes, why? \_\_\_\_\_

**Serving Questions**

Liquor is served at: One fixed location Multiple locations  
The Servers are: Professionals Volunteers  
Average Number of servers per event: \_\_\_\_\_  
Are the servers trained in alcohol awareness? Yes No  
How often are the servers trained per year? \_\_\_\_\_  
Type of Training: \_\_\_\_\_  
Is a limit placed on the number of beverages that can be sold to a patron? Yes No  
Are I.D's checked for patrons purchasing alcohol? Yes No  
Please briefly explain procedure for checking ID's: \_\_\_\_\_

**Entertainment**

Is any entertainment provided (other than normal operations)? Yes No  
Please list what types of entertainment and how many times a year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

Are uniformed officers present at the alcohol concession area(s)? Yes No  
If yes, how many officers? \_\_\_\_\_  
Are undercover police officers present at the alcohol concession area(s)? Yes No  
If yes, how many? \_\_\_\_\_  
Are security personnel at checkpoints? Yes No  
Are personal items searched? Yes No  
Briefly explain how the public made aware of this procedure: \_\_\_\_\_  
\_\_\_\_\_  
Is the parking area patrolled for intoxicated drivers? Yes No  
Is there a designated driver program? Yes No  
Are bouncers employed? Yes No If yes, how many? \_\_\_\_\_





Liquor Liability Application Continued

**Liquor Liability Acknowledgment**

Gagliardi Insurance Services, Inc. on behalf of the insuring company, shall be permitted but not obligated to inspect the INSURED's property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL INSPECTION nor the making there of any report there of shall constitute an undertaking on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful or are in compliance with any engineering standards, rules or regulations. The establishment of underwriting criteria, UNDERWRITING AND/OR LOSS CONTROL INSPECTIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The insured is solely responsible for the safety of its property and operations and shall not rely upon Underwriting and/or Loss Control Inspections or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practice and procedures.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, benefits may be denied).

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Brokers Signature (If applicable)

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Brokers Name (Print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



# Event Cancellation

**If you do not wish to purchase Event Cancellation Coverage,  
please skip pages 10 through 11**

## **THIS APPLICATION IS FOR QUOTE**

### Regulatory

Is the Insured a private individual  
(a person acting outside their business, trade or profession)?                      Yes                      No

### Event Details

Name of Event: \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_

State/ County: \_\_\_\_\_

Country: \_\_\_\_\_

### Type of Event to be Insured

Convention/ Conference open to the public

Convention/ Conference not open to the public

Trade Show/ Consumer Show/ Meeting/ Seminars

Sporting Events (please describe) \_\_\_\_\_

Other type of Event (please describe) \_\_\_\_\_

Has the Event been held before?                      Yes                      No

Is the Event open to the public?                      Yes                      No

### Event Dates

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

### Adverse Weather

Will the Event be held wholly or partly in the open air,  
in a tent, marquee or a temporary structure?                      Yes                      No

Is cover required for the effects of Adverse Weather?                      Yes                      No

Does the Event Venue or any area critical to the Event  
have any history of flooding or exposure strong winds?                      Yes                      No



## Event Cancellation Application Continued

### Limits Of Indemnity

Please provide the following financial information for your Event:

100% Gross Revenue: \_\_\_\_\_ 100% Costs and Expenses: \_\_\_\_\_

Please select the basis of Indemnity you require: Gross Revenue Cost and Expenses

### Non-Appearance

Is coverage required for Non-Appearance? Yes No

- Please note the policy contains a 30 day health warranty and a pre-existing medical condition exclusion -

Type of Non Appearance coverage required:

Key Speakers

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is any Key Speaker a member of a royal family  
or serving/former head of state? Yes No

Individuals or Group of Individuals

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Simultaneous Non-Appearance for 25% or more of  
Participants due to Common Accident or Common Illness Yes No

Please confirm there are 20 or more performers in total Yes No

### General Information

Will all contractual arrangements necessary for the successful  
fulfillment of each Event be made and confirmed in writing  
in a prudent timely manner prior to the start of the Event? Yes No

Has any Event to be insured had any incidents that could  
have resulted or did result in a loss which would have been  
covered under this Insurance during the past three years? Yes No

Is the Insured aware of any matter, fact, circumstance or  
incident existing or threatened that could possibly affect any  
Event and might result in a claim under the proposed Insurance? Yes No

### Specific Non-Standard Coverage

Does the Insured have any specific  
non-standard coverage requirements Yes No



# Hired & Non-Owned Auto

If you do not wish to purchase Hired & Non-Owned Auto Coverage,  
please skip this page

## THIS APPLICATION IS FOR QUOTE

If your organization owns or leases (long-term) vehicles you are not eligible for this program  
Any vehicle designed for 15 or more passengers is excluded from this coverage

### Non-Owned Vehicles

1) Do employees or volunteers regularly use their autos for company business? Yes No

If yes, please explain usage: \_\_\_\_\_  
\_\_\_\_\_

2) Do you verify that insurance is in place with limits of at least \$300,000 before employees or  
volunteers can use their personal vehicle? Yes No

Number of Volunteers (Driving Personal Autos): \_\_\_\_\_

Total # of Employees: \_\_\_\_\_

### Hired Auto Liability

3) Do you hire or rent vehicles during your fair/festival/event? Yes No

If yes, please describe vehicle types, estimated number, duration and usage: \_\_\_\_\_  
\_\_\_\_\_

Please remember that any vehicle designed for 12 or more passengers is excluded from this coverage

4) Are any vehicles provided/donated for your use as a part of  
a sponsorship or promotional agreement? Yes No

If yes, please include a copy of the agreement and describe vehicle types, estimated number,  
duration and usage: \_\_\_\_\_  
\_\_\_\_\_

5) Do vehicle owners in either #2 or #3 above  
require you to provide primary liability? Yes No

If yes, please provide owner(s) name: \_\_\_\_\_  
\_\_\_\_\_



# Pool Supplemental

If you do not wish to purchase Pool Coverage, please skip this page

## THIS APPLICATION IS FOR QUOTE

Is the pool at a:

Hotel or Motel:                      Apartment:                      Swim Club:                      Other: \_\_\_\_\_

Is it a public Pool:                      Yes                      No                      Is there a fee charged:                      Yes                      No

Is pool open before 5:00 AM: Yes                      No                      Is pool closed after 10:00 PM: Yes                      No

Are lifeguards on duty during all hours of operation:                      Yes                      No

Is the pool:

Indoor                      Outdoor                      Above Ground                      In Ground

Is the pool in:

Good Condition                      Fair Condition                      Poor Condition

Does the pool have:

Good water clarity                      Fair water clarity                      Poor water clarity

Is the deep end of the pool:

More than 4 ft: Yes                      No                      More than 6 ft: Yes                      No

Is the pool equipped with a diving board:                      Yes                      No

Is the pool equipped with a water slide:                      Yes                      No

Do you allow the participants to utilize the diving board and/or water slide:                      Yes                      No

Is the pool in compliance with all local rules and statutes:                      Yes                      No

Is an analysis of the pool's temperature and chemical makeup made and recorded daily:                      Yes                      No

Are the pool rules posted:                      Yes                      No

List and describe the signs posted around the swimming pool: \_\_\_\_\_

**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:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Abuse & Molestation

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

## **THIS APPLICATION IS FOR QUOTE**

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

### **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:

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## Background Check

Below is a link to our carrier's background checking system, they have partnered with Backgroundchecks.com to provide our clients with discounted pricing helping to ensure all our clients take the necessary precautions.

<https://www.prosightspecialty.com/differentiator/background-checks/>

**Effective Date of Policy:** \_\_\_\_\_

### All of the following are required upon submission to obtain quote:

- Copy of Waiver
- Gross Receipts
- Carrier Generated loss runs  
for the past five years  
(if applicable)
- Venue Contract

### **Applicant's Statement and Declarations**

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein. By signing below, applicant hereby warrants that all information provided in this application is true and correct.

\_\_\_\_\_  
Broker Signature (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# How to Reach Us

## California Office

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

## Pennsylvania Office

109 S. 13th St.  
Suite 117B  
Philadelphia, PA19107

### Submission Options:

Send to Pennsylvania Office listed above

*or*

Scan and email to:  
[sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)

*or*

Fax to: 408-414-8199

**Website:** [gsportsinsurance.com](http://gsportsinsurance.com)

**Phone:** +1 (800)-995-9768

**Email:** [sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)