



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

\_\_\_\_\_

Do you follow rules created by a nationally known organization or association?	Yes	No
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Do you require a signed waiver from all participants?	Yes	No
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Do you require a parent's signature for minors?	Yes	No
---	-----	----

Do you have a written incident reporting procedure in place?	Yes	No
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Is there an overnight exposure?	Yes	No
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Do you keep a log of all incidents?	Yes	No
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### **Optional Coverages**

(Additional Fee's Will Apply)

General Liability must be purchased to include any of the optional coverage(s)

Medical Expense Coverage (\$5,000)	Yes	No
------------------------------------	-----	----

Hired & Non-Hired Auto Liability (\$1,000,000.00) supplemental app may be required.	Yes	No
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Abuse & Molestation Coverage (Supplemental app is required to qualify)	Yes	No
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**To obtain these applications and to view a full list of available additional coverages please visit**

[www.gsportsinsurance.com](http://www.gsportsinsurance.com)

**and click the OTHER COVERAGES icon.**



## 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.**

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

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



Desired Policy Effective Date(s): \_\_\_\_\_

**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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# How to Reach Us

## California Office

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

## Submission Options:

Send to California 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)