

Amateur Sports Insurance Enrollment Form

Enrollment form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is Named Insured's formal request to obtain insurance through the Special Markets Sports & Recreation Insurance Program and / or Special Markets Risk Purchasing Group.

GENERAL INFORMATION

Named Insured _____

Named Insured is: Individual Partnership Corporation Other: _____

Mailing Address _____ Email _____

City/State/Zip _____

Contact Name _____ Phone _____ Fax _____

E-Mail Address _____ Website _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Coverages Requested Accident Medical General Liability Accident Medical & General Liability Terrorism Coverage

Type of Organization Team League Association Camp/Clinic (Day Camp Overnight Camp)

Other _____

Sport/Activity	Age(s)	Number of Participants (Including Coaches & Volunteers)
_____	Ages 12 & Under	_____
_____	Ages 13-15	_____
_____	Ages 16-18	_____
_____	Ages 19 & Up	_____
_____	Other _____	_____

UNDERWRITING INFORMATION

Do you require participants and volunteers to sign waivers? _____

Do you provide employee/volunteer training and certification? _____

Do you have procedures for screening employees/coaches/volunteers before hiring? _____

Do you have a written contract with the facilities you utilize? (If yes, provide copy.) _____

Are you contractually obligated to name any organization as additional insured? If so, complete the following:

Additional Insured Name	Complete Address	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR INSURANCE INFORMATION *Provide minimum three years information.*

Year	Company	Type of Claim	Claim Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make Check Payable & Mail to Special Markets Insurance Consultants, Inc.

FRAUD STATEMENT [Not applicable in Colorado, Florida, New Jersey & Virginia]

Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any 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 such person to criminal and (New York: substantial) civil penalties. In Maine and Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

The above information is correct to the best of my knowledge.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Local / Regional Licensed Agency

Agency Name <u>The Young Group, Inc</u>	License Number _____
Agent Name (printed) <u>Doug Young</u>	Agent Address <u>256 W. Millbrook Road</u>
City, State, Zip <u>Raleigh, NC 27609</u>	Phone Number <u>(919) 846-9798</u>
Signature _____ (Licensed Agent)	Date _____
E-mail Address _____	Proposal Number _____