



CARRIER:

Youth Sports Product Application

Organization's name: _____

Location address: _____

City: _____ State: _____ Zip: _____

Mailing address (If different then above): _____

City: _____ State: _____ Zip: _____

Web address: _____

Is this a non profit organization? Yes No

Sports organized, operated, managed, and sponsored by organization: (Check all that apply)

- Badminton Baseball Basketball Bowling Camps/Clinic Football (Flag) Football (Tackle)
 Golf Lacrosse Non-competitive Cheerleading* Running Soccer Softball
 Swimming (no diving) Tennis Track Volleyball

Other(s), please describe: _____

Ineligible sports: diving, gymnastics, hockey, martial arts, rugby, skiing, wrestling, others as determined by the insurer.

**Competitive Cheerleading includes but is not limited to tumbling, tossing, lifts, throws, flips, stunts, pyramids, gymnastics and similar activities whether or not performed or intended to be performed in front of judges. "Competitive Cheerleading" does not include dance routines that do not involve any of the activities listed herein.*

For all sports, complete as applicable:

League, travel team, tournament play, and similar programs

Sport	Number of Participants 14 years of age and under	Number of Participants 15 - 18 years of age	Number of Adult Participants*	Overnight Travel? (If "Yes", complete a-c)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Adult Participant means an individual 18 years of age or older working for the organization as a coach, employee, volunteer, chaperone, camp counselor, instructor or other position.*

- How many nights per trip? _____
- What is the maximum number of nights per trip? _____
- How many trips per year? _____

Camps and/or Clinics

Sport	Number of Camps/ Clinics Throughout the year	Average Number of Days per Camp/ Clinic	Average Number of Participants per Camp/Clinic	Number of Adult Participants	Overnight Travel? (If "Yes", complete a-e)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

- Does organization allow single minor(s) or minor(s) of the opposite gender to occupy sleeping quarters at any time when not accompanied by a parent or guardian? Yes No
- Confirm adult to participant ratio: _____ to _____ (e.g., 1 adult to 8 participants).
- Does organization ensure that all facilities, including sleeping quarters, are secured with access permitted only by "Adult Participants" during any overnight stay? Yes No
- Does organization ensure that Adult Participants do not socialize or fraternize with minors except in connection with supervised organization activities? Yes No
- Does organization ensure that participants are picked up or dropped off from activities by a parent, guardian or adult with proper clearance? Yes No

II. GENERAL LIABILITY

- 1. Any general liability losses in the past three years? If "Yes", please provide loss runs. Yes No
- 2. Is the organization a school team or sponsored by a school? Yes No
- 3. Are participants* or parents/legal guardians of minor participants required to sign waiver of liability and release forms for all activities? Yes No
**Participant(s) are any persons, including players, coaches, managers, staff members, team workers, officials, cheerleaders, customers and volunteers, who are instructing, supervising, training, practicing, participating or otherwise involved in any games, sports or athletic activity, contest or exhibition.*
- 4. Are all athletic participants 18 years of age or younger? Yes No
- 5. Does organization maintain copies of signed waiver of liability and release forms? Yes No
- 6. Does organization have trips that require them to travel by airplane, train or bus? Yes No
- 7. Does organization have a written code of conduct or policy of zero tolerance for abusive or unsportsmanlike conduct applicable to all participants? Yes No
- 8. Are staff or volunteers trained/certified in CPR, first aid or the use of an Automated External Defibrillator (AED)? Yes No

Accident Medical Coverage (Subject to underwriting approval by licensed accident and health insurer not affiliated with United States Liability Insurance Group)

- 9. Does organization maintain accident and health coverage for the benefit of participants? Yes No
 - a. Have there been any accidental medical losses in the past three years? Yes No
 - b. Select accident medical deductible: \$0 \$100 \$250 \$500
 - c. Select accident medical limit: \$25,000 \$50,000 \$100,000 \$250,000

Field & Facility

- 10. Does organization own, lease, maintain or operate athletic fields, facilities, or buildings? Yes No
- 11. Does organization lease its fields or facilities to others? Yes No
 - a. Does organization require those using the fields or facilities to provide certificates of general liability insurance? Yes No
 - b. How many acres is the field? _____ N/A
 - c. What is the square footage of the facility/building? _____ sq. ft. N/A
 - d. Are there any outdoor sport courts on the premises? Yes No
 - i. Total number: _____
 - ii. Type (check all that apply): Basketball Tennis Volleyball Other _____

- 12. Does organization own, lease or operate a swimming pool? Yes No

Concessions

- 13. Does organization operate a concession stand? Yes No
 - a. Total receipts: \$ _____

Abuse & Molestation

- 14. Have there been any previous claims of sexual or physical abuse? Yes No
- 15. Are background checks regularly conducted on all employees and volunteers (which include sex related or child abuse claims)? Yes No
- 16. Does organization staff (paid and volunteers) employment application include questions about whether the individual has ever been convicted of any crime, including sex related or child abuse related offenses? Yes No
- 17. Does organization have written procedures for addressing claims of sexual abuse or molestation? Yes No
- 18. Does organization have a formal procedure for monitoring employees and volunteers in contact with children, both on and off premises? Yes No

Concussion Safety

- 19. Does the applicant have a Concussion Policy Statement on file that requires all staff or non-volunteers to be certified in concussion training that is consistent with the CDC's Head's Up Program? Yes No
- 20. If a concussion is suspected, does the applicant comply with state requirements to remove the participant from athletic activities immediately and only return after at least 24 hours and after being cleared by a healthcare/medical professional? Yes No

Hired/Non Owned Auto

21. Is Hired/Non Owned Auto coverage desired? Yes No
 If "Yes", please answer questions 22-26
22. Does organization have a motor vehicle liability insurance policy in place? Yes No
23. Does organization own any motor vehicles or lease any motor vehicles on a long term basis? Yes No
24. Does organization use hired or non-owned vehicles with passenger capacities exceeding eight passengers? Yes No
25. Does organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? Yes No
26. Does organization require a minimum of \$100,000 CSL or \$100,000/\$300,000 personal auto liability limits from employees and volunteers? Yes No

III. PROPERTY

- Construction: Frame Joisted Masonry Noncombustible Fire Resistant
- Protection class: _____
- Requested cause of loss: Basic Special
- Requested valuation: Replacement cost Actual Cash Value
- Deductible: \$1,000 \$2,500 \$5,000
- Coinsurance: 80% 90% 100%
- Building limit: _____ Year constructed: _____ Total area: _____ sq. ft.
- Business personal property: _____
27. Any property losses in the past three years? If "Yes", please provide loss runs. Yes No
28. Age of roof: _____ yrs. Plumbing updated _____ yrs. Electrical updated _____ yrs. Heating updated _____ yrs.
29. Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____
30. Plumbing type: PVC Copper Lead Galvanized Other: _____
31. Burglar alarm: Central station Local None Other: _____
32. Functioning and operational smoke and/or heat detectors in all common areas? Yes No
33. Is all electric wiring on functional and operational circuit breakers? Yes No
34. Is there any aluminum or knob and tube wiring? Yes No
35. Is there commercial cooking on the premises? If "Yes", complete a. through d. Yes No
- a. Is there a cleaning contract in force with an outside firm? Yes No
- b. Describe cooking equipment used:
 Grills Open flame Oven Deep fat fryers Charcoal grill
- c. Functional and operating fire extinguishing system in place? Yes No
 If "Yes", what type? Wet Dry
- d. Is the cooking area, hood and duct system protected per NFPA 96 guidelines? Yes No

IV. INLAND MARINE

Schedule of Property & Equipment for which coverage is requested:

Item	Description	Serial Number	Limit of Insurance
1			
2			
3			
*Attach another page if necessary		Total Scheduled	

Blanket Coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest Item	Limit of Insurance

36. Deductible: \$1,000 \$2,500 \$5,000 \$10,000
37. Does the insured lease, loan or rent covered property or equipment to others? Yes No
38. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
39. Are any objects unique or difficult to replace? Yes No
40. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
41. Is all insured's covered property or equipment brought back to their place of business at the end of each day? Yes No
 If so, is the place or storage protected by a central station alarm system? Yes No

V. Non Profit Directors & Officers

- 42. Is the organization involved in product research, development, testing and/or certification? Yes No
- 43. Does organization engage in any disciplinary actions as a result of peer review activities? Yes No
- 44. Does organization administer or sponsor any insurance programs? Yes No
- 45. Is the organization involved in any accreditation or standard setting activities? Yes No
- 46. Total number of employees: Full time: _____ Part time: _____ Volunteers _____ Seasonal _____
- 47. Number of members: _____
- 48. Does organization currently carry general liability insurance? Yes No
- 49. Please provide the following financial information for the last three years. (If organization in existence less than 3 years, please provide budgeted revenue/expense statement for next three years)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

*Fund balance = Total Assets - Total Liabilities

- 50. Has organization closed, downsized, laid off, reduced staff, sol, merged with or acquired any company in the last 12 months or anticipates doing so in the next 12 months? Yes No
- 51. Has the Applicant or any person proposed for coverage (whether or not in the service of Applicant) been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative hearings? Yes No
- 52. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? Yes No
- 53. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? Yes No
If "Yes", please forward a completed USLI supplemental claims application.

VI. Fiduciary Liability (Available for 100 employees or less)

- 54. Does each pension plan use an outside investment manager? (If "No", Fiduciary will not be offered.) Yes No
- 55. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If "No", please attach details) Yes No
- 56. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes", please attach details) Yes No
- 57. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any plan? (If "Yes", please attach details) Yes No
- 58. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If "Yes", please attach details) Yes No

VII. Crime Coverage

- 59. Employee dishonesty: Limit: _____
 - a. Number of employees: _____
 - b. Does organization have an annual financial statement prepared? Yes No
 - c. Is the organization's bank account(s) reconciled by someone other than the person also authorized to withdraw deposits or transfer funds? Yes No
 - d. Do checks written by the organization require a countersignature? Yes No
- 60. Money and securities: Limit inside: _____ Limit outside: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____