



Amateur Sports Teams/Leagues Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS:

1. Complete the enrollment form (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

I am a new account I am renewing my coverage

1. Named Insured (as it should appear on the policy):

2. Doing Business as (DBA):

4. Mailing Address:

6. Contact Person:

Telephone:

Cell:

Fax:

Website:

Email:

Section 2: Dates

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.) Start my coverage on this date:

Section 3: Business Information

1. Form of business: Not-for-profit organization For-profit organization

2. Type of organization: Individual Team League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport) Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)

3. Are you seeking coverage for all participants within your organization? Yes No

4. Do any of your teams include both youth athletes (Class B or Class C sports) and adult athletes (Class A sports) participating together on the same team? Yes No

If yes, you must use the Class A rate for all participants when rating your premium. Class A coverage will apply.



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Section 2: Business Information (continued)

5. Are you a member of any of the following organizations? (check those that apply)
 No, we are not a member of any of these organizations
 American Amateur Baseball Congress American Youth Football Babe Ruth/Cal Ripken Baseball Babe Ruth Softball World Adult Kickball Association (WAKA) Dixie Boys Baseball Dixie Softball Dixie Youth Baseball Pop Warner U.S. Youth Soccer Association Soccer Association for Youth, USA (SAY Soccer)

6. Is there any form of player compensation or prize money awarded for participation? Yes No

7. Are you a school sanctioned sports team or league? Yes No

8. Are you a gymnastics, martial arts, cheer or dance studio? Yes No

9. Are you a municipality or a park and recreation division? Yes No

10. Are any of your activities held on private residential property? Yes No

11. Does the named insured own or operate any pools? Yes No

12. Does the named insure own or have 24 hours responsibility of a facility or field? Yes No
The exposures/activities listed above may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

13. If you suspect an athlete has a concussion, do you have an action plan that include:
a. Immediately removing the athlete from play or practice? Yes No
b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

14. Does your operation involve tackle or contact football? Yes No
If yes, Do you maintain a system for your tackle/contact football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes No

NOTE: The Center for Disease Control and Prevention offers free information, as well as a free on-line concussion training course on their website: www.cdc.gov/concussion/HeadsUp/youth.html

Regardless of general liability occurrence limits purchased, legal liability to participants for coverage for tackle and contact football (age 19 & under), cheerleading (age 19 & under) lacrosse (age 19 & under), soccer (age 19 & under), wrestling (age 19 & under), deck/floor/street hockey, field hockey, roller hockey (quad), water hockey (age 19 & under) and umpire/referee associations for Class C Sports will be limited to \$1,000,000 per occurrence.



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Section 3: Sexual Abuse or Molestation Liability Coverage

Check here and skip this section if you do not want this coverage option

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No

a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2 or 2a, please explain:

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No

a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No

c. Do the written procedures establish and require adherence to the “three person rule”? (“Three person rule” prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.)

If no, do the procedures establish if and when exceptions to the “three person rule” are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.

Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions The term “Volunteers” in the following questions means someone who exerts control over or supervises participants.	Employees (Check here if none) <input type="checkbox"/>	Volunteers (Check here if none) <input type="checkbox"/>
Are written application required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, and applicant check yes, do you reject the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks provided by a third party vendor/service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any “No” responses to any questions:



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Section 4: Equipment and Contents Coverage (Inland Marine)

Check here and skip this section if you do not want this coverage option

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value
	\$
	\$
	\$

Provide values for categories below (DO NOT include those values already shown above)

Sports equipment (such as balls, uniforms, pads, helmets, netting)	
Field maintenance equipment (such as lawn mowers, grooming equipment)	
Concession stand equipment, excluding products (such as popcorn, hot dog and soda machines)	
Portable storage units (not permanent structures)	
Misc. equipment - please describe	
Total replacement value for all location(s) (add all lines above)	

Step 2: Complete ONLY if you replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.:frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No

a. If yes, please describe:

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

4. Please attach a complete inventory list with values of each item



Section 5: Coverage Exclusions

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage is purchased for sports fields); Abuse, molestation, harrasment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice Hockey, Inline Hockey, Inline Skating (speed), Judo, Karate, Lacrosse (age 20 & over), Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Taekwondo, Takraw, Umpire/referee association for Class A Sports, Water Hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over), Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 04/13 edition); Concerts; Cryogenic chambers/therapy; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operations, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible; Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Dance team (age 20 & over), Drill team/majorette (age 20 & over), Equestrian, Fitness - aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline (extreme stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts, Modern pentathlon, Mountain biking and/or hiking. Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Parachute, Parasailing, Physical fitness, Physique (Pose) performance, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Soccer (age 20 & over), Sports parachuting, Strength and conditioning, Streetball, Surfing (including boogie boards), Tackle and contact football (age 20 & over), Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Yachting.



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CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: 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 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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 any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN WASHINGTON: 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
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