



GENERAL SPORTS TEAM INSURANCE

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

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 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"/> Abuse/Molestation
<input type="checkbox"/> Hired & Non-Owned Auto	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> EPLI

Section 1: General Information

1. Organization Name:		Legal Name:	
Coverage Term:		through	
2. Facility Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
3. Contact Person:		Phone Number:	
Fax:	5. Website:	Date of Formation:	
6. Person responsible for general operation of activities:			
Years of experience and type of experience:			
7. How do you wish to receive your quotation? <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail			

Section 2: Insurance Information

8. Current Policy Expiration Date:		Current Insurance Co:	
Current Expiring Premium:			
9. Has any insurer ever canceled or refused coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
10. Please fill in the boxes below for those sports that apply:			
Sport	Number of Adults	Number of Youth	
Aerobics			
Airsoft			



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Section 2: Insurance Information (continued)

Sport	Number of Adults	Number of Youth
Badminton		
Baseball		
Basketball		
Boxing		
Cheerleading		
Cross Country Skiing		
Field Hockey		
Flag Football		
Golf		
Ice Hockey		
Lacrosse		
Martial Arts		
Paintball		
Roller Hockey		
Rugby		
Soccer		
Softball		
Swimming		
T-Ball		
Tackle Football		
Tennis		
Track		
Volleyball		
Weightlifting		
Wrestling		
Other:		



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Section 3: Coverages & Limits

11. Commercial General Liability: \$	General Aggregate: \$
Participant Legal Liability: \$	Personal and Advertising Injury: \$
Products & Completed Operations (aggregate): \$	
12. Other coverage needs:	

Section 4: Underwriting

13. Total Annual Gross Receipts: \$	Admissions: \$
Concessions: \$	Retail: \$
Fees: \$	
14. Do you own or rent your facility/playing field? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
If rented, please provide a copy of the rental agreement from the building or park owner.	
15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
16. Square Footage of Facility/Playing Field:	
17. Number of employees: Full-time:	Part-time:
18. Is the facility/playing field rented for uses other than league games (birthday parties, banquets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a copy of the facility/playing field use (rental) agreement.	
19. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
20. Please describe medical and first aid facilities provided for competitors:	



Section 4: Underwriting

21. Does your facility subcontract out any of the following operations? Janitorial Concessions Security Facility/Field Maintenance

If so, are certificates of insurance naming the facility as an additional insured obtained? Yes No

22. Is there a system in place for obtaining certificates of insurance where applicable? Yes No

If yes, who reviews certificates on behalf of named insured?

What is the minimum limit of general liability coverage requested from each subcontractor?

23. Are childcare services provided? Yes No

If yes, do you do background checks on individuals providing child care services? Yes No

Explain the services offered and the procedures in place to protect the children while in your care.

24. Do you have cooking surfaces on site? Yes No

If yes, are cooking surfaces property protected from fire exposures? Yes No

If yes, please explain

25. Is named insured involved in the sale or distribution of any products? Yes No

If yes, please explain:

26. Are there any special events planned at your facility/playing field during the coverage term (e.g. festivals, large tournaments, etc)? Yes No

Please explain:

Estimated spectators for these events?

Section 5: General Questions

Are rules posted conspicuously and enforced at all times? Yes No

Are participants required to wear safety equipment during play? Yes No

Are participants required to sign a Waiver & Release of Liability? Yes No **Please provide copy.**

Are copies of the Waiver & Release of Liability kept on file? Yes No How long?

Are the referees or coaches employees of your organization? Yes No

Are parking lots well lit and patrolled? Yes No

Are facility/playing field inspections and maintenance performed? Yes No



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Section 5: General Questions

Is a log kept of inspections and maintenance performed? Yes No

Are written emergency procedures in place? (attach copy) Yes No

Does the facility rent or repair sports equipment? Yes No

Is the facility locked so that patrons cannot use it when closed? Yes No

Are there construction operations on site? Yes No

If yes, is the work subcontracted to a third party with additional insured certificates provided?
 Yes No

27. Please also provide (quote will not be released until all of these materials are received and reviewed):

- Loss runs for the past three years (if applicable)
- Emergency procedures
- Lease agreement if your facility/playing field is not owned
- Sample waiver and release of liability

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signature of Applicant: _____ Date: _____

Signature of Licensed Agent: _____

Agency Name & Address: _____

Section 6: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 7: 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.

Section 8: 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 FLORIDIA: 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: