

# AMATEUR SPORTS DIRECTORS & OFFICERS APPLICATION

Philadelphia Insurance Companies  
(Louisiana Only: Philadelphia Insurance Company)

## I. GENERAL INFORMATION:

Name of Sports Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## II OPTIONAL COVERAGES:

### Directors & Officers Liability:

New: \_\_\_\_ Renewal: \_\_\_\_

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Company

**\$1,000,000 Limit per loss/per policy year**

**\$1,000 Deductible Per Claim**

**ANNUAL PREMIUM \$400.00**

Policy # \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A. Did your sports organization purchase a D&O Policy last year? \_\_\_\_\_

B. Within the scope of this proposed insurance:

\* There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows: \_\_\_\_\_

If none check here \_\_\_\_

\* No corporation, director, officer or any persons proposed for this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading statement or omission, which could rise to a claim against them, except as follows: \_\_\_\_\_

If none check here \_\_\_\_

C. Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to slits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination? If so, give details:

\_\_\_\_\_  
If none check here \_\_\_\_

D. Approximate Sports Organization Revenue for Current Year: \$ \_\_\_\_\_

D&O Premium: \$400.00 + If applicable State Tax/Surcharge \$ \_\_\_\_\_ = Total Premium Due \$ \_\_\_\_\_

\*STATE SURCHARGES APPLY IN KENTUCKY, LOUISIANA, NEW JERSEY AND WEST VIRGINIA

Total Charges \$ \_\_\_\_\_

Agreement Accepted: \_\_\_\_\_

SPECIALTY RISK INSURANCE PO Box 1150 Dewey AZ 86327