SPECIALTY RISK INSURANCE
PO Box 1150
Dewey, AZ 86327
800-849-0293
928-772-0876 fax
ken@specialtyriskinc.com

California License: 0D06902

Youth and Amateur Sports Application

Section 1 – General Information

Name of Insured/League:_____

Physical Address:_____

City:_____State_____ Zip:_____

Contact Name:_____

Office Phone: (_____)_____ Fax: (_____)_____

Cell Phone: (_____)_____ Home Phone: (_____)_____

Email:_____ Website:_____

Business Type: ___Individual Partnership ___Limited Liability ___Company ___Corp ___ Other

(Please explain)_____Number of years in business_____

Section II – Insurance Information

Limit of Liability Requested: ___ $1,000,000/$2,000,000 ___Other_____

Current Insurance Company:_____ Annual Premium:_____

Limit of Accident Medical Requested: ___$100,000 ___$50,000 ___$25,000 ___Other_____

Current Insurance Company:_____ Annual Premium:_____

Effective Date: Specific Date: _____to_____

Have you had a liability claim in last 5 years? ___Yes ___No

If yes, please provide date, amount paid and brief description:_____

_____

Which of the following activities do you provided – please check all that apply:

Type of Sport

___T-Ball ___Softball ___Baseball ___Basketball ___Cork-Ball

___Volleyball ___Wrestling ___Golf ___Lacrosse ___Track

___ Swimming ___Soccer Camp ___Tournament ___Other_____

If Camp or Tournament, please indicate sport and dates and location:_____

Section III – Underwriter Information

1. Do you have a Release/Waiver on file for each student? ___Yes ___No

If so, are parents/guardians signatures required for minors? ___Yes ___No

Signed waivers must be retained in order for participant liability to apply

MANDATORY FRAUD WARNING STATEMENTS BY STATE

ARKANSAS, LOUISANA:
"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."
VIRGINIA, TENNESSEE, MAINE:
"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 denial of insurance benefits."
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 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."
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."
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."
KENTUCKY:
"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."
NEW JERSEY:
Insurance applications must contain this 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 MEXICO:
"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 CIVIL FINES AND CRIMINAL PENALTIES."
NEW YORK:
"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false 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."
OHIO:
"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 is guilty of insurance fraud."
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."
PENNSYLVANIA:
Purpose of misleading "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 information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agency Information

Agency Name: _____

Agency Address: _____

City: _____State:_____Zip:_____

Contact: _____Phone:_____Email:_____

Agent only: Please enclose a copy of your signed brokers' agreement, license for the state of insured and a copy of your Errors & Omission certificate insurance with a minimum limit of $1,000,000 if coverage is to be bound.

Participant Census

*Age Groups: 12 and under, 13 to 15, 16 to 18, 19 and over

Sport	Age Group*	Number of Participants	Number of Teams	Number of Games	Season Start Date	Season End Date