



# MARKEL INSURANCE COMPANY

## Amateur Sports Insurance Application

4600 Cox Road, Glen Allen, VA 23060  
(800) 431-1270 Fax (804) 527-7915  
www.markelmedical.com

Date Prepared: \_\_\_/\_\_\_/\_\_\_

### SECTION 1 - GENERAL INFORMATION

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant Is:  Individual  Corporation  Partnership  Non-Profit  Other: \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Is:  Team  League  Athletic Association  State Association  National Governing Body

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

### SECTION 2 - CURRENT COVERAGE

#### General Liability

#### Accident Medical

Ins. Company: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Limits: \_\_\_\_\_

Occurrence: \_\_\_\_\_ Deductible: \_\_\_\_\_

Aggregate: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Premium: \_\_\_\_\_ Premium: \_\_\_\_\_

Auto Included?  Yes  No Sexual Abuse Included?  Yes  No \$ Limits: \_\_\_\_\_

Have any of your policies or coverages been declined, canceled, or non-renewed in the past 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

### SECTION 3 - REQUESTED COVERAGES

Annual Auto Rental costs, if any: \$

Yes  No Property (complete ACORD form)  Yes  No Sexual Abuse and Molestation

Yes  No Crime (complete ACORD form)  Yes  No Directors' & Officers' Liability

Yes  No Equipment (complete ACORD form)  Yes  No Hired and Non-Owned Auto

**SECTION 4 – LOSS HISTORY**

**General Liability:**

Any losses reported in the last 3 years  Yes  No If yes, please complete below or attach loss runs

Dates	Amount Paid	Description:

**Accident Medical:**

Any losses reported in the last 3 years  Yes  No If yes, please complete below or attach loss runs

Dates	Amount Paid	Description:

**SECTION 5 - OPERATIONS INFORMATION**

Are you a member of a nation governing body? (i.e., Little League, Pop Warner, AAU)  Yes  No

If Yes, what organization? \_\_\_\_\_

If No, what rules and regulations are used (i.e. NCAA, high school, your own)? \_\_\_\_\_

**Please include a copy of any of your own rules and regulations.**

Are there any traveling teams?  Yes  No If Yes, how far? \_\_\_\_\_

Any over night travel?  Yes  No If Yes, how often? \_\_\_\_\_

Who arranges overnight travel? \_\_\_\_\_

How many fields/facilities are utilized in the below?

Privately Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

Municipality Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

Organization Owned: # \_\_\_\_\_ Location(s): \_\_\_\_\_

Who is responsible for daily field/facility maintenance?  Organization  Landlord

Is the organization responsible for field/facility 24 hours a day?  Yes  No

**Please complete Participant Census form.**

**SECTION 6 - CAMPS AND CLINICS**

Do you conduct any sports camps/clinics?  Yes  No If no, please skip to **Section 9**

If yes, is this program exclusively a sports camp?  Yes  No

If yes, what sports? \_\_\_\_\_

What is your ratio of students to instructors? \_\_\_\_\_

Are the following activities offered to campers during recreational periods?

Motorbikes, Motorcycles, Minibikes, or All Terrain Cycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riflery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waterskiing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tackle Football	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saiboarding/Sailing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Go Karts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horseback Riding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Is your program strictly instructional or do you sponsor competition or tournaments?  Yes  No

If yes, explain: \_\_\_\_\_

**SECTION 7 – CAMP GENERAL INFORMATION**

Camp Address (actual location): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of Camp:  Day  Resident Age ranges of campers: \_\_\_\_\_ Est. %: Female: \_\_\_\_\_ Male: \_\_\_\_\_

Date Camp Opens: \_\_\_\_\_ Date Camp Closes: \_\_\_\_\_ Estimated Gross Receipts: \_\_\_\_\_

Estimated Number of Campers per Day: \_\_\_\_\_ Number of Day per Week: \_\_\_\_\_ Weeks per Year: \_\_\_\_\_

**SECTION 8 – WATERFRONT INFORMATION**

Do you use any Non-owned Watercraft in excess of 26' in length?  Yes  No  **NO EXPOSURE**

Do you use owned/leased watercraft?  Yes  No

Does the camp utilize watercraft for camping activities?  Yes  No If yes, please explain type and number of vessels (motorboats: length and horsepower; sailboats: length). Also give owner's name \_\_\_\_\_

Does the camp utilize a pool?  Yes  No Lake?  Yes  No

Pool length: \_\_\_\_\_ ft. Pool depth: \_\_\_\_\_ ft. Are depth markings clearly indicated?  Yes  No

Number of diving boards: \_\_\_\_\_ Height of each: \_\_\_\_\_ ft.

Number of sliding boards: \_\_\_\_\_ Type: \_\_\_\_\_ Height of each: \_\_\_\_\_ ft. Length of each: \_\_\_\_\_ ft.

Depth of water where sliding board enters water: \_\_\_\_\_ ft. Depth of water in diving area: \_\_\_\_\_ ft.

How many water safety instructors are employed? \_\_\_\_\_ How many lifeguards are employed? \_\_\_\_\_

Who provides lifeguards? \_\_\_\_\_

## SECTION 9 – SPECIAL EVENTS

Do you have any fundraising activities?  Yes  No Annual receipts from fundraising: \$ \_\_\_\_\_

If yes, describe any fundraising activities: \_\_\_\_\_

Do you sell concessions?  Yes  No Annual receipts from concessions: \$ \_\_\_\_\_

If yes, is alcohol served?  Yes  No

Is there an organizational Booster Club?  Yes  No

If yes, are they a separate entity?  Yes  No Do they have separate coverage?  Yes  No

What are their specific activities? \_\_\_\_\_

If raising funds, do they conduct separate events other than those listed above?  Yes  No

Are there any other Special Events other than fundraisers?  Yes  No

If yes, please describe: \_\_\_\_\_

## SECTION 10 – STAFFING

Are coaches certified?  Yes  No If yes, by whom? \_\_\_\_\_ Are coaches paid?  Yes  No

Are officials/referees certified?  Yes  No If yes, by whom? \_\_\_\_\_ Are officials paid?  Yes  No

Do you contract with any others for program services for any activities?  Yes  No If yes, explain: \_\_\_\_\_

Do you require a certificate of insurance from persons contracted?  Yes  No

Do you require background checks on all employees?  Yes  No Volunteers?  Yes  No

Do you require orientation/training for all employees?  Yes  No Volunteers?  Yes  No

## SECTION 11 – RISK MANAGEMENT

Are all existing rules and regulations followed by each activity?  Yes  No

Is there a written safety program for each activity?  Yes  No If Yes, please attach a copy.

Do you require a signed release/waiver for all activities?  Yes  No If Yes, please attach a copy.

How long are release/waivers retained? \_\_\_\_\_

Do you have safety and activity rules posted?  Yes  No

Do you have emergency evacuation procedures?  Yes  No

Is safety gear required for appropriate activities?  Yes  No

Do you require persons certified in First Aid and CPR onsite or immediately available at all times?  Yes  No

If no, how far away is the closest EMT response squad? \_\_\_\_\_

**SECTION 12 – SEXUAL ABUSE INFORMATION**

Does your employment & volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No

At employee & volunteer orientation/training, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her?  Yes  No

Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities, and media if you have an incident of abuse?  Yes  No

Do you require background checks on all employees?  Yes  No      Volunteers?  Yes  No

Do you require background checks on all employees?  Yes  No

Have you ever had an incident which resulted in an allegation of physical or sexual abuse?  Yes  No

If yes, please describe the allegation in full: \_\_\_\_\_

What was the outcome of the claim? \_\_\_\_\_

If damages were paid, what was the total amount? \$ \_\_\_\_\_

**SPECIAL CONDITIONS**

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium will be refunded.

**FRAUD WARNING:** 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 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 (\$5,000) and the stated value of the claim for each violation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Producer: \_\_\_\_\_

Producer City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

