

QUOTE APPLICATION FOR LEAGUES AND TOURNAMENTS

Named Insured

Address City State Zip

Contact or Coach Phone Number Email Address

Sport(s) or Event Ages of Participants

For Football: Tackle Flag

(If Applicable)

Are you conducting: League Tournaments

Effective Dates of Coverage requested: thru

Do you have parents sign waivers or permission form? Yes No (please include a copy with your signed application) Do you have a risk management plan in place? Yes No Do you remove player in case of concussion? Yes No Will the player only return from play with doctor's clearance? Yes No

Table with Rate Section, General Liability, Excess Accident Medical, and deductibles.

PLEASE COMPLETE THIS SECTION:

# Of Players 12-under: # of Teams:

#Of Players 13-15: # of Teams:

# Of Players 16-19: # of Teams:

# Of Coaches and Staff: # Of Volunteers:

Optional Coverage: Abuse Molestation- \$175.00 (will be added to final quote if desired) Add to quote: YES NO

Above information is for Quote purposes only. An enrollment form will be sent if quote is accepted. Total Premium will be due upon approval of quote. Enrollment application and payment must be received in the office 10 days prior to the effective date requested. (Coverage will not be bound without payment)

Any person who, with intent to defraud or knowing that he/she is facilitating against an insurer, submits application or files claims containing a false or deceptive statement is guilty of insurance fraud.

Authorized Signature Date Signed

Complete the above. Please fill in all blanks requested to avoid delays.