



Roller Derby Insurance Application

1) Name of League/Team: _____

2) Form of Business (Partnership, LLC, Trust, Other – Please Explain): _____

3) Contact First & Last Name: _____

3) E-mail Address: _____

4) Phone #1: _____ Phone #2: _____ Fax: _____

5) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

6) Coverage Dates

Start Date: _____ (mm/dd/yyyy) End Date: _____ (mm/dd/yyyy)

7) Description of Organization & All Activities

8) Does your organization engage in any other business operations under the same name of insured as it will appear on the policy?

YES NO

If yes, please explain: _____

9) Does any volunteer, owner, coach or official within your organization has a criminal record, or previously had a criminal record?

YES NO

If yes, please explain: _____

10) Do all participants' parents/legal guardians sign waivers holding the insured harmless prior to participation?

YES NO



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11) Will there be any overnight exposures?

YES NO

If yes, please provide details describing the exposures:

12) Will this event take place at a private residence?

YES NO

13) Will this event take place at a venue that you own or lease on an annual basis?

YES NO

14) Please confirm the standard safety gear for the sport will be used at all times.

YES NO

15) Do you have a written code of conduct that all players, parents and staff must follow?

YES NO

16) Do you have a written incident report in place or agree to put one in place?

YES NO

17) Do you own, operate or maintain any sports fields, pools, courts or facilities?

YES NO

18) Do you regularly inspect and correct all areas of responsibility or rope off areas of concern with signs to prevent use before play, including field, benches, bleachers and all spectator areas?

YES NO

19) Have You Ever Had Insurance In the Past?

YES NO

20) Have you ever had a loss or a claim on any of your past policies? If yes, please describe:

21) Has this type of insurance ever been canceled, declined or non-renewed? If yes, please describe:



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22) Please list the number of participants (including coaches and volunteers) for each category below:

Participants/Riders 12 and younger: _____

Participants/Riders Ages 13 through 15: _____

Participants/Riders Ages 16 through 19: _____

Participants/Riders Ages 20 and over: _____

23) Please confirm if these participants are

Amateurs

Semi-professional

Professionals

24) Do you require concussion coverage? If yes, then please answer the following:

YES NO

a. Do you have a written concussion management policy that is compliant with current state legislation?

YES NO

b. Do you distribute the written policy to coaches, parents and players and require parents' written acknowledgment that they have received and reviewed?

YES NO

c. Do you require your coaches to undergo formal training (at minimum) for concussion recognition?

YES NO

d. Does your policy require that any participant suspected of sustaining a head injury be removed from play immediately?

YES NO

e. Does your policy require that any participant sustaining a head injury to be cleared by a licensed healthcare provider before the player is allowed to return to play or practices?

YES NO



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25) Please List **ALL** Additional Insured/Certificate Recipients:

(An Additional Insured is any entity or individual asking for proof of insurance, such as a landlord or a vendor. Please attach a separate document if needed)

#1) Additional Insured Name: _____

Full Mailing Address: _____

#2) Additional Insured Name: _____

Full Mailing Address: _____

#3) Additional Insured Name: _____

Full Mailing Address: _____

26) Will Any Alcohol Be Sold by your organization for profit?

YES NO

If Yes, do you want to purchase Liquor Liability?

YES NO

If Yes, What is your estimated Liquor Sales? \$_____

What is the total estimated number of people consuming alcohol? _____

27) Will you have any Animals, Pyrotechnics, Inflatables, Motor Sports, Live Hip Hop Entertainment, Rock Wall Climbing, Scuba, Horses or Rodeo, Ballooning, Trampolines, Water Skiing, Aircraft, Water Sports, or other hazardous activities at any of your events?

YES NO

If Yes, please list the activity you will have and explain: _____

28) Total Gross Receipts: \$_____



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29) Besides general liability and accident medical coverage, will you need a quote for any of the following other coverages? Please check all that apply. *Please note, these additional coverages may require additional application to be completed. Additional processing time may apply.*

- Excess Liability
- Property
- Abuse and Molestation
- Directors & Officers
- Non-Owned and Hired Auto

30) Are you a part of any Roller Derby Associations or Organizations such as JRDA? If yes, please list them here: _____

****THE FOLLOWING MUST BE READ & SIGNED BEFORE A QUOTE CAN BE OFFERED****

_____ (initial) I hereby acknowledge that all athletic participants will be required to sign a waiver before participating in any sport activity.

_____ (initial) I understand that if I host events that involve participants who are not already insured, I must contact Athos Insurance to add this to my policy, otherwise there is no coverage for these riders.

_____ (initial) 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 accurate to the best of my knowledge. I also understand that coverage may be considered NULL and VOID if the information I provided is false.

_____ (initial) I confirm it is understood that the following exclusions apply:

- a. All operations related to Facility or Field Ownership, Operations and/or maintenance;
- b. all tournaments, camps and showcases with guest participants / non-dues paying members;
- c. all events and activities that are not organized, sponsored, sanctioned and/or supervised by you;
- d. any activity or sport type not applied for;
- e. professional or collegiate sports teams, leagues, camps, practices, tournaments and/or competitive play;
- f. virtual activities;
- g. vehicles that seat more than 12 passengers;

Applicant Signature: _____ **Date:** _____