



Roller Derby Insurance Application

1) Name of League/Team: []

2) 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) Are your roller derby activities supervised at all times? YES NO

9) Is there a wavier signing system in place for all league members? YES NO

10) Please list the number of league or coach members for each category below:
Female Participants/Riders 18 and younger Male Participants/Riders 18 and younger
Female Coaches/Volunteers 19 and older Male Coaches/Volunteers 19 and older
Female Participants/Riders 19 and older Male Participants/Riders 19 and older
Non-Conforming/Non-Binary Participants/Riders 18 and young
Non-Conforming/Non-Binary Coaches/Volunteers 19 and older
Non-Conforming/Non-Binary Participants/Riders 19 and older

11) Will you ever host any bouts? YES NO
If yes, will each outside league be required to submit proof of insurance? YES NO

If any outside participants are not insured, you will be responsible for adding him/her to your policy for the day. Please confirm that you understand this by writing "I Confirm" []

12) Guests can be added to your policy anytime on a daily basis for and additional premium per person per day
Please list the number of guests you wish to add: [] # of riders x [] # of days = []
(you can always add this anytime during your policy period. If you do not know this information now, please leave this question blank)



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13) Please list any other activities that your league will participate in (i.e. fundraisers, board meetings)

Two empty text boxes for listing activities.

14) Have You Ever Had Insurance In the Past? YES NO

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

Two empty text boxes for describing losses or claims.

16) 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: [text box]

Full Mailing Address: [text box]

#2) Additional Insured Name: [text box]

Full Mailing Address: [text box]

#3) Additional Insured Name: [text box]

Full Mailing Address: [text box]

#4) Additional Insured Name: [text box]

Full Mailing Address: [text box]

#5) Additional Insured Name: [text box]

Full Mailing Address: [text box]

17) Is the Facility Indoors or Outdoors: [text box]

If Outdoors, is it Fenced? YES NO

18) 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? \$ [text box]

What is the total estimated number of people consuming alcohol? [text box]

19) 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? (This does NOT necessarily mean your application will be declined)

YES NO



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

20) What are the estimated Gross Revenues for your organization?

From: Admissions \$ []
Sales/Concessions \$ []

21) What Safety Precautions are in effect? Please specify. (waivers, helmets, etc)

[]

22) Are you a part of any Roller Derby Associations or Organizations such as JRDA? If yes, Please list them below:

[]

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 elect not to purchase coverage for Athletic Participants, I will not be covered for participant liability or injuries (Question #8)

[] (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.

Applicant Signature: []

Date: []