Amateur Sports Quotation Please complete the following application. Once the application is received, a quotation will be sent within one business day. As sports activities vary, some questions may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Organization Name:					
Legal Name:					
	Coverage Term		Tl	nrough	
2. Facility Address: (Street) (City, State, Zip)					
Mailing Address(if different): (Street) (City, State, Zip)					
3. Contact Person:					
4. Telephone Number:		Fax	Number:		
5. Web site address:			Date of	Formation:	
6. Person responsible for general operation of activities:					
Years of experience and type of ex	perience:				
7. How do you wish to receive your o	-		X', M	1	
	Via E-mail		Via M	a11	
INSURANCE INFORMATION					
8. Current Policy Expiration Date:					
Current Insurance Co:					
Current Expiring Premium:					
9. Has any insurer ever canceled or refused coverage? Yes No			No		
If yes, please explain:					

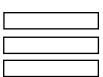
10. Please mark the boxes for those sports that apply.

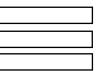
SPORT

No. of Adults

No. of Youth

Aerobics Badminton Baseball





Basketball	
Boxing	
Cheerleading	
Cross Country Skiing	
Field Hockey	
Flag Football	
Floor Hockey	
Golf	
Ice Hockey	
Lacrosse	
Martial Arts	
Roller Hockey	
Rugby	
Soccer	
Softball	
Swimming	
T-Ball	
Tackle Football	
Tennis	
Track	
Volleyball	
Weightlifting	
Wrestling	
Ultimate Frisbee	
Other	

COVERAGES AND LIMITS

Limit

- 11. Commercial General Liability
 - General Aggregate
 - Participant Legal Liability

Products & Completed Operations (aggregate)

Personal and Advertising Injury

\$ ______ \$ ______ \$ ______ \$ ______ \$ _____

12. Other coverage needs:

UNDERWRITING

13. Total Annual Gross Receipts: \$ Admissions: \$ Concessions: \$ Retail: \$ Fees: \$		
14. Do you own or rent your facility/playing field?	Own	Rent
If rented, please provide a copy of the rental agreement from the building or park ov	wner.	
15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)?	Yes	No
If yes, please explain		
16. Square Footage of Facility/Playing Field:		
17. Number of employees: Full-time Part-time		
18. Is the facility/playing field rented for uses other than league games (birthday parties, banquets, etc.)?	Yes	No
If yes, please provide a copy of the facility/playing field use (rental) agreement.		
19. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily?	Yes	No
If yes, please describe:		
20. Please describe medical and first aid facilities provided for competitors.		
21. Does your facility subcontract out any of the following operations?		
Janitorial Concessions Security Facility/Field Mainten	ance	
If so, are certificates of insurance naming the facility as an additional insured obtained?	Yes	No

22. Is there a system in place for obtaining certificates of insurance w	Yes	No	
If yes, who reviews certificates on behalf of named insured?			
	1.6 1 1		

What is the minimum limit of general liability coverage requested from each subcontractor?

23. Are childcare services provided?

No

Yes

If yes, do you do background checks on individuals providing child care services?	Yes	No
Please explain the services offered and the procedures in place to protect the child	lren while in yo	our care.

L

o you have cooking surfaces on site?	Yes	No
If yes, are cooking surfaces property protected from fire exposures?	Yes	No
If yes, please explain		
named insured involved in the sale or distribution of any products?	Yes	No
	Yes	No
named insured involved in the sale or distribution of any products? If yes, please explain:	Yes	No

C		
Please explain		
-		
Estimated spectat	ors for these events?	

GENERAL QUESTIONS

a.	Yes	No	Are rules posted conspicuously and enforced at all times?
b.	Yes	No	Are participants required to wear safety equipment during play?
c.	Yes	No	Are participants required to sign a Waiver & Release of Liability?
			Please provide a copy.
d.	Yes	No	Are copies of the Waiver & Release of Liability kept on file?
			How long?
e.	Yes	No	Are the referees or coaches employees of your organization?
f.	Yes	No	Are parking lots well lit and patrolled?
g.	Yes	No	Are facility/playing field inspections and maintenance performed?
h.	Yes	No	Is a log kept of inspections and maintenance performed?
i.	Yes	No	Are written emergency procedures in place? (attach copy)
j.	Yes	No	Does the facility rent or repair sports equipment?

k. Yes No Is the facility locked so that patrons cannot use it when closed?

primary concern is outdoor activities

1. Yes No Are there construction operations on site?

If yes, is the work subcontracted to a third party with additional insured certificates provided?

27. Please also provide (quote will not be released until all of these materials are received and reviewed): Loss runs for the past three years (if applicable) Emergency procedures Lease agreement if your facility/playing field is not owned Sample waiver and release of liability

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

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 coverage is not applicable until accepted by Athos Insurance Services, LLC

Signature of Applicant

Date

Athos Insurance Services, LLC P.O. Box 61102 Pasadena, CA 91116 Phone: 626-716-9800 Mobile (text): 626-379-6280 Fax: 626-701-5047 Email: service@athosinsurance.com Lic: 0H94681