



McGowan Program Administrators

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COMPREHENSIVE YOUTH SPORTS INSURANCE APPLICATION: TOURNAMENTS & DAY CAMPS

SECTION I: GENERAL INFORMATION

Event Organizer Name(s): _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Website: _____ Contact Name: _____
Contact Phone #: _____ Contact Email Address: _____

Event Name: _____

What is the scheduled start date for Event? ___/___/___

What is the scheduled end date for Event? ___/___/___

Sport Type: _____

Event Type:

- a) Tournament: _____
- b) Day Camp: _____
- c) League: _____
- d) Other: _____

(If "other" please clarify in space provided in option "d")

Event Venue Information

Venue 1 Name: _____
Address : _____ City/Town : _____ State/Region/Province _____
Zip code: _____ Country: _____
Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
Number of Turf Fields used at Venue? _____
Number of Grass Fields used at Venue? _____

Venue 2 Name: _____
Address : _____ City/Town : _____ State/Region/Province _____
Zip code: _____ Country: _____
Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
Number of Turf Fields used at Venue? _____
Number of Grass Fields used at Venue? _____

(For additional venues, see ADDENDUM A: Additional Venues)

SECTION II: COVERAGES

Comprehensive Insurance Includes:

- A) EVENT CANCELLATION
- B) GENERAL LIABILITY/PARTICIPANT LIABILITY
- C) NON-OWNED AND HIRED AUTO
- D) SEXUAL ABUSE LIABILITY

A) EVENT CANCELLATION COVERAGE:

Expected Gross Revenue: _____ Budgeted Expenses: _____

Number of Guaranteed Games or Sessions: _____

Does this event have a refund policy? (If yes, please describe/attach a copy.)

Is there a contingency plan in the event of adverse weather risk? Yes___ No___

(If no, ignore questions a-c below)

- a) Does this plan include use of indoor fields? Yes___ No___
- b) Does this plan include use of alternative outdoor venues or fields? Yes___ No___
- c) Does this plan include the ability to reschedule?
 - i. No___
 - ii. Within 14 days ___
 - iii. 15 days or more ___
 - iv. Does this plan include shortening games, condensing the schedule etc? Yes___ No___

Has this event been held before? Yes___ No___

If yes, how many years has this event been held? _____

Has this event sustained any losses or damages resulting from a partial or full cancellation? Yes___ No___

- a) Years of Loss? _____
- b) What was the cause of loss? _____
- c) What was the total loss amount? _____

B) GENERAL LIABILITY & PARTICIPANT LIABILITY

General Liability (\$250 Deductible):

\$1,000,000 occ. / \$2,000,000 aggregate
\$1,000,000 occ. / \$3,000,000 aggregate
\$1,000,000 occ. / \$4,000,000 aggregate
\$1,000,000 occ. / \$5,000,000 aggregate

\$2,000,000 occ. / \$2,000,000 aggregate
\$2,000,000 occ. / \$3,000,000 aggregate
\$2,000,000 occ. / \$4,000,000 aggregate
\$2,000,000 occ. / \$5,000,000 aggregate

Participant Excess Accident Medical:

\$25,000 limit

Participant Legal Liability:

\$1,000,000 occ.

Medical Payments for Sports Participants:

\$25,000 per participant

\$50,000 per participant

\$100,000 per participant

Damage to Premises Increase:

\$300,000

\$1,000,000

Will you be on site at any one location for longer than seven consecutive days? Yes___ No___

Medical Payments for Spectators:

\$5,000 limit

\$10,000 limit

Blanket Additional Insured by written contract included.

Primary and Non-Contributory for venue, municipality, or school district included.

Waiver of Subrogation for venue, municipality, or school district included.

C) NON-OWNED AND HIRED AUTO- \$1,000,000 limit

- o This policy excludes bodily injury and/or property damage arising from the transportation of participants. Is that understood? Acknowledge
- o Do all drivers carry valid drivers' licenses? Yes___ No___
- o Are all drivers are at least age 25 or older? Yes___ No___
- o Are you operating any vehicles that seat more than 12 passengers? Yes___ No___
- o What are you using the vehicles for?

D) SEXUAL ABUSE LIABILITY

Limits:

\$25,000/ \$50,000

\$50,000/ \$100,000

\$100,000/ \$300,000

- o Has the insured ever had an incident which resulted in an allegation of sexual abuse, or is currently aware of an incident that may result in an allegation of sexual abuse? Yes___ No___
- o Do you have and enforce written standards regarding Sexual Abuse/Molestation, including but not limited to adherence to the Three Person Rule (Always keeping a Ratio of 2 adults to 1 Minor, or 2 Minors to 1 Adult)?Yes _____ No _____
- o Does the insured request and receive criminal background investigations on all employees, volunteers and independent contractors? Yes___ No___

SECTION III: RISK MANAGEMENT

Risk Management:

- o Do you secure signed release and waiver forms from all participants (or their parents/legal guardians if the participant is a minor)? Yes___ No___
- o Will your event involve live music, celebrity appearances or other forms of live entertainment? Yes___ No___
- o Are the attendees and participants staying overnight at the venue address(es) shown on your application? Yes___ No___
- o Are you hosting this event at a residence or house rental property (i.e. Air BnB, VRBO or similar)? Yes___ No___
- o Are you hosting any of the above noted events at a facility, studio, field, pool or court that you own, operate or maintain on a regular basis? Yes___ No___

Concussion Questions -The following sport types require additional underwriting that is specific to concussions:

- o Baseball, Basketball, Field Hockey, Flag Football, Lacrosse, Soccer, and Volleyball.

#1. Do you have a written concussion management policy that is compliant with current state legislation, and that you distribute to all coaches, staff and parents/legal guardians and obtain written acknowledgment that they received and reviewed it? Yes___ No___

#2. Does your concussion management policy require that any participant suspected of sustaining a head injury be removed from play immediately? Yes___ No___

#3. Does your concussion management policy require that any participant who suffered a head injury must be cleared by a licensed healthcare provider before the player can return to play? Yes___ No___

#4. Do you require your staff to undergo formal training on an annual basis for concussion recognition? Yes___ No___

SECTION IV: NOTICES & REPRESENTATIONS

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)" presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)". *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent there of, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material there to; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)" include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SECTION V: CLAIMS INFORMATION

In regards to claims, are both of the below statements true? Yes ____ No ____ (If no, explain below)

1. After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fine levied against you in the last 5 years, in relation to the risks that this application refers to.
2. You are not aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past 5 years.

SECTION VI: DECLARATION

I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact. I agree that this application form, together with any material information supplied by me shall form the basis of any contract of insurance effected thereon.

Signature: _____

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name: _____ Date: _____

Position: _____

Applicants Signature: _____

ADDENDUM A: ADDITIONAL VENUES

Venue 3 Name: _____

Address : _____ City/Town : _____ State/Region/Province _____

Zip code: _____ Country: _____

Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____

This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____

Number of Turf Fields used at Venue? _____

Number of Grass Fields used at Venue? _____

Venue 4 Name: _____

Address : _____ City/Town : _____ State/Region/Province _____

Zip code: _____ Country: _____

Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____

This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____

Number of Turf Fields used at Venue? _____

Number of Grass Fields used at Venue? _____

Venue 5 Name: _____

Address : _____ City/Town : _____ State/Region/Province _____

Zip code: _____ Country: _____

Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____

This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____

Number of Turf Fields used at Venue? _____

Number of Grass Fields used at Venue? _____

Venue 6 Name: _____

Address : _____ City/Town : _____ State/Region/Province _____

Zip code: _____ Country: _____

Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____

This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____

Number of Turf Fields used at Venue? _____

Number of Grass Fields used at Venue? _____

Venue 7 Name: _____

Address : _____ City/Town : _____ State/Region/Province _____

Zip code: _____ Country: _____

Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____

This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____

Number of Turf Fields used at Venue? _____

Number of Grass Fields used at Venue? _____