

	OneBeacon Entertainment 1100 Glendon Avenue, Suite 900 Los Angeles, CA 90024 License No. 0773887	Los Angeles (781) 332-8400 Fax (866) 640-6533 New York (212) 307-0111 Fax (212) 307-0598
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AMATEUR SPORTS ASSOCIATION INSURANCE

GENERAL INFORMATION

1. Official Name of Organization: _____
2. Location of Headquarters: Street _____ City _____
State _____ Zip Code _____
3. Telephone: _____ Fax: _____
4. Date of Formation: _____ Chartered or Incorporated In What State: _____
5. Name of Officers: _____
 President: _____ Vice President: _____
 Secretary: _____ Treasurer: _____
 Insurance Coordinator: _____

INSURANCE INFORMATION

6. Name Insured: _____
7. Address: Street _____ City: _____
State: _____ Zip Code: _____
8. Additional Insureds and Their Interests: _____

9. Number of Participants in this association: _____ Number of Minor Participants: _____

10. Please list all events conducted by the association or attach a schedule:

<u>EVENT</u>	<u>LOCATION</u>	<u>DATE</u>	<u>EST. ATTEND.</u>
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Requested Coverage: _____

Coverage: _____

Primary General Liability: \$ _____

Deductible: \$ _____

Participant Legal Liability: \$ _____

Product Liability: \$ _____

Personal Injury: \$ _____

11. Please describe participant personal accident coverage provided for your association:

Accidental Death &
Dismemberment: \$ _____

Primary Medical: \$ _____

Excess Medical: \$ _____

Disability: \$ _____

PAST INSURANCE EXPERIENCE

12. Do you presently carry insurance of this type? ____ Yes ____ No

If yes, with which insurer? _____

13. Has any insurer ever canceled or refused coverage? ____ Yes ____ No

If yes, explain: _____

14. Loss information for Past Three Years

Year: _____

Premium \$ _____ \$ _____ \$ _____

Total Incurred Claims
(Paid and Reserved) \$ _____ \$ _____ \$ _____

15. Description of any individual claim or *reserve* in excess \$10,000: _____

UNDERWRITING

16. Is there a formal instruction program for coaches? ____ Yes ____ No
If yes, please provide copies of all written material in the program.

17. Does the association have a formal athlete injury control program? ____ Yes ____ No
If yes, please provide a copy of this program.

18. Do you currently secure waiver and release and/or assumption of risk statements from all participants? ____ Yes ____ No
If yes, please provide a copy of each such document.

19. Please describe the preparations the association takes for potential athlete injuries during competition and practice.

PLEASE PROVIDE A COPY OF ALL RULEBOOKS AND ASSOCIATION MANUALS.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, WILL BE A PART OF ANY POLICY, IF ISSUED, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT. VOIDING ALL INSURANCE COVERAGE.

I REPRESENT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS OF THIS APPLICATION.

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 IN WRITING.

DATE : _____ SIGNATURE: _____

TITLE: _____