Special Markets Insurance Consultants
Insurance for Students, Sports & Leisure Activities

Amateur Sports & Recreation Insurance
Request For Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: smic_information@amwins.com, Fax: (715) 344-6126
   Or mail to: Special Markets Insurance Consultants, Inc., 1055 Main Street, Suite 101, Stevens Point, WI 54481
   Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. *Payment of premium is required to bind coverage.*

Account Information:

Named Insured _____

Physical Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Mailing Address _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Named Insured is: ❑ Individual ❑ Partnership ❑ Corporation ❑ Association ❑ LLC ❑ Non-Profit
❑ Other: _____ Tax Status: ❑Taxable or ❑Tax Exempt 501(c)_____

No. of years this entity has been in business _____ No. of years' experience for this owner _____

Total Assets _____ Fund Balance _____ Annual Salary/Wages Expense _____

Coverage Requested: ❑ Accident Medical ❑ $25,000 Limit ❑ Other Limit $_____
Accident Medical Deductible Options ❑ $0 ❑ $100 ❑ $250 ❑$500

- ❑ Participant General Liability (Participants & spectators are included, accident coverage is required and Section C must be completed)
  Limits of Insurance Requested $ _____
- ❑ Spectator General Liability (Section C and the spectator count at the top of page 2 must be completed)
  Limits of Insurance Requested $ _____
- ❑ Abuse & Molestation (complete Section D) Limits of Insurance Requested $ _____
- ❑ Liquor Liability
- ❑ Hired/Non-Owned Auto Cost of Hire: _____
- ❑ Sports Equipment Coverage (Inland Marine) Limits of Insurance Requested $ _____
- ❑ Directors & Officers Coverage (complete Section E) FEIN _____

Type of Organization
❑ Team, League or Association (complete Section A & C) OR ❑ Camp, Clinic or Tournament (complete Section B & C)
NOTE: Do you have both team/league association exposure as well as camp, clinic and/or Tournament exposure? If so, please complete Section A, Section B, and Section C.

SECTION A – Team, League or Association Underwriting Information
Number of Participants Per Sport / Activity (if covering football please specify whether it's flag, touch or tackle):

Sport / Activity	Basketball Example	Soccer Example	_____ Other/ Specify	_____ Other/ Specify	_____ Other/ Specify	_____ Other /Specify	_____ Other /Specify
12 & Under							
13 – 15							
16 – 18							
19 & Older							
Volunteers							
Coaches							
Officials/Umpires							

Number of est. spectators at each game: ____________________
How many sessions / games: ____________________

SECTION B – Camp, Clinic or Tournament Underwriting Information

Type of Camp, Clinic or Tournament (please check all that apply): ❑ Day ❑ Overnight ❑ Travel ❑ Sport ❑ Youth ❑ Adult ❑ Special Needs ❑ Other (specify): ______________________________ Type of Sport: ____________________

How many years has the camp/clinic been in operation? ____________________

Describe all activities you are requesting insurance coverage for: ______________________________

____

____

____

CAMP, CLINIC OR TOURNAMENT LOCATION(S) / ACTIVITIES

	Camp Starts			Camp Ends			No. of Days	Age Range of Campers	Estimated Number to be Insured
Name and Address of Camp, Clinic or Tournament Location	**MO**	**DAY**	**YR**	**MO**	**DAY**	**YR**			
								12 &Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
Type of Sport ____________________ ☐ Day ☐ Overnight								Officials/Umpires	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
Type of Sport ____________________ ☐ Day ☐ Overnight								Officials/Umpires	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
Type of Sport ____________________ ☐ Day ☐ Overnight								Officials/Umpires	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
Type of Sport ____________________ ☐ Day ☐ Overnight								Officials/Umpires	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
Type of Sport ____________________ ☐ Day ☐ Overnight								Officials/Umpires	

Section C - Underwriting Information (complete if requesting General Liability):

Do you require participants and volunteers to sign waivers? ❑ Yes ❑ No
Do you have procedures for screening employees, coaches, volunteers? ❑ Yes ❑ No
Do you have a written contract with the facilities you utilize? ❑ Yes ❑ No

Are you contractually obligated to name facility owners as additional insureds? ❑ Yes ❑ No
If yes complete the following if requesting General Liability:

Additional Insured Name*	Complete Address	Relationship to you (examples below)**

*Additional Insured Certificates – Each additional Insured Certificate is $35.00 (non-commissionable).
**Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

Do you currently have or have you had Accident Medical Coverage and/or General Liability? ❑ Yes ❑ No

a. If yes, please provide a copy of your current policy's schedule page.
b. If yes, please provide 3 years loss experience.

Section D - Abuse & Molestation

1. Do you do criminal background investigations on all those involved with children? ❑ Yes ❑ No
2. Do you verify employment related references? ❑ Yes ❑ No
3. Do you have written procedures along with formal training for dealing with sexual abuse? ❑ Yes ❑ No
4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? ❑ Yes ❑ No
5. Has your organization ever had an incident which resulted in an allegation of sexual abuse? ❑ Yes ❑ No
   If yes, please describe. _____
   a) Was a claim made against the organization? ❑ Yes ❑ No
   b) Was the case settled? ❑ Yes ❑ No
   c) Was the case taken to trial? ❑ Yes ❑ No
   d) How much money was paid in damages to the victim $_____
6. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any directly with any children? ❑ Yes ❑ No
7. Does your staff (paid and volunteer) employment application include questions on whether the the individual has ever been convicted of sex-related or child-abuse related offense? ❑ Yes ❑ No
8. Do you conduct a personal interview? ❑ Yes ❑ No
9. Regarding coverage for abuse & molestation, does your current insurance:
   a) Exclude coverage? ❑ Yes ❑ No
   b) Limit coverage? (please indicate limit of liability $_____) ❑ Yes ❑ No
   c) Neither exclude nor limit coverage ❑ Yes ❑ No
10. How many years of management experience does the owner have? _____
11. Please indicate age range of clients. _____
12. How long do you maintain copies of all documentation *(i.e. employment applications, background investigations, MVR's)*? _____ *(recommend at least 7 years for claim purposes)*

Section E: Directors and Officers

1. What is the Named Insured's tax-exempt status under the US Internal Revenue Service Code? _____
2. Describe the Named Insured's nature of operations: _____
3. Provide the following financial information with respect to the Named Insured:

Total Assets (000): $_____ Fund Balance (net assets) (000): $_____ As of Fiscal Year End: Date: _____

4. Number of Employees for Current Year:

Full Time _____ Part Time _____ Seasonal _____ Temporary _____ Volunteers _____

5. Does the Named Insured have any subsidiaries: ❑ Yes ❑ No If yes, how many? _____

6. During the last 5 years, has the Named Insured or any of the Named Insured Persons received any demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceedings? ❑ Yes ❑ No

7. Is any Named Insured aware of any fact, circumstance or situation involving any Insureds that might reasonably be expected to result in a Claim? ❑ Yes ❑ No

If "yes" to any part of questions 6 or 7. above, please provide full details for each allegation, even if the matter has since been settled or otherwise resolved by providing the following information for each allegation by attachment:

(a.) Date Claim first made (b.) Claimant's name (c.) Allegation (d.) Current Status
(e.) Demand Amount (f.) Settlement (indemnity) or Reserve Amount (g.) Attorney's fees

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this request for quote form and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature_____ **Date**_____

Printed Name _____ **Title**_____

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____ License Number: _____

Agent Name (Printed): _____ Agent Address: _____

City, State, Zip: _____ Phone Number: _____

Signature: _____ Date: _____
(Licensed Agent)
Email Address: _____ Proposal Number: _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 THEREOF, ANY WRITTEN 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 THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 OR A DENIAL OF INSURANCE BENEFITS.