



Amateur Sports Camps and Clinics Insurance Application

Name of Organization: _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Program Coverage Summary

\$ 2,000,000	Aggregate per team, camp, or clinic
\$ 1,000,000	Personal and Advertising Injury
\$ 1,000,000	Each Occurrence
\$ 300,000	Damage to Rented Premises
\$ 10,000	Accidental Death and Dismemberment
\$ 25,000	Participant Accident Medical
\$ 100	Deductible - Medical
-Optional-	Spectator Medical Payments
-Optional-	Hired and Non-Owned Auto Coverage
-Optional-	Abuse and Molestation
-Optional-	Increased Liability Limit
-Optional-	Increased Medical Limit

Coverage Worksheet

	Number of Participants		Number of Days (or weeks)	Rate per Participant		Premium Due
Clinics/Day Camps (Excluding Cheerleading) - Daily		X	X	\$ 1.20	=	
Clinics/Day Camps (Excluding Cheerleading) – Weekly (3-7 consecutive days)		X	X	\$ 3.80	=	
Day Camps - Cheerleading		X	X	\$ 3.24	=	

Total Premium Due: \$ _____

Note: Minimum Premium is \$240.00

Payment Options:

- **Check by Mail**
- **Visa or MasterCard** – Complete attached Credit Card Authorization Form
- **Electronic Check** – Attach signed check to space below and your checking account will be debited electronically (do not mail in check)

Please sign and submit this application via mail, fax or e-mail along with payment by check for the above amount to:

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037
Phone: (800) 995-9768 Fax: (408) 414-8199 E-Mail: sales@gisins.com

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

Date: _____ **Applicant Signature:** _____

Print Name and Title: _____

Credit Card Authorization Form (*Visa or MasterCard Only*)

Name (as it appears on card):	
Billing Address:	
Billing City, State and Zip Code:	
Credit Card Number: (VISA OR MASTERCARD ONLY)	
Expiration Date:	
V Code: (3 number code on back of credit card)	
Amount to Be Billed:	
Billing Date:	
Additional Comments: (Name of Insured/League/ Organization)	

I, _____ (**please print**), authorize the use of my credit card described above for charges related to the services and products provided by Gagliardi Insurance Services, Inc.

Cardholder's Signature

Date

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037

Phone: (800) 995-9768 Fax: (408) 414-8199

Additional Insured/Certificate Holder List

****Complete Address *MUST* be included for completion of certificate****

Certificate Holder

Address

City, State & Zip Code

Certificate Holder

Address

City, State & Zip Code

Certificate Holder

Address

City, State & Zip Code

Certificate Holder

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Certificate Holder

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City, State & Zip Code

➤ ***Attach additional list of certificate holders when necessary.***

