



Amateur Sports Team Insurance Application

Liability Only, Participant Legal Liability Excluded

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
-Excluded-	Participant Legal Liability
-Optional-	Spectator Medical Payments
-Optional-	Hired and Non-Owned Auto
-Optional-	Abuse and Molestation
-Optional-	Increased Liability Limit

Please contact our office at 800-995-9768 or via e-mail at sales@gisins.com to obtain a quote for any of the optional coverage noted above

Sport	# of Participants		Rate per Participant		Premium Due
Aerobics		X	\$1.32	=	
Archery		X	\$1.32	=	
Badminton		X	\$1.32	=	
Baseball		X	\$1.75	=	
Basketball		X	\$2.33	=	
Baton twirling		X	\$1.32	=	
Bowling		X	\$1.32	=	
Cheerleading		X	\$2.90	=	
Cricket		X	\$1.75	=	
Diving		X	\$3.62	=	

Sport	# of Participants		Rate per Participant		Premium Due
Drill Team		X	\$1.32	=	
Fencing		X	\$1.75	=	
Football, Contact, 19 and Under		X	\$3.63	=	
Football, Flag/touch		X	\$2.90	=	
Frisbee		X	\$1.32	=	
Golf		X	\$1.32	=	
Gymnastics		X	\$2.33	=	
Handball		X	\$2.33	=	
Hockey, Field, Floor, Inline		X	\$2.33	=	
Hockey, Ice, 19 and Under		X	\$3.62	=	
Ice Skating		X	\$1.75	=	
Kickball/Dodgeball		X	\$2.33	=	
Lacrosse		X	\$2.90	=	
Polo		X	\$2.33	=	
Racquetball		X	\$2.33	=	
Rifle/Skeet		X	\$2.33	=	
Rowing		X	\$2.33	=	
Sailing		X	\$2.33	=	
Soccer		X	\$2.33	=	
Softball		X	\$1.75	=	
Speedskating		X	\$2.33	=	
Squash		X	\$1.75	=	
Swimming		X	\$2.33	=	
T-Ball		X	\$1.75	=	
Tennis		X	\$1.32	=	
Track and Field		X	\$2.33	=	
Volleyball		X	\$1.32	=	
Waterpolo		X	\$2.33	=	
Weightlifting		X	\$2.33	=	

Total Premium Due: \$ _____
Note: Minimum Premium is \$250.00

Requested Policy Effective Date: ____/____/____ (mm/dd/yyyy)

All policies in the program have a one-year term

ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

An expedite fee of \$50 may apply if proof of insurance is required within 24 hours of receipt of completed application and payment of premium, excluding weekends and holidays.

Total Amount from Premium Due Columns: \$ _____

+

Application Fee: \$ 15

=

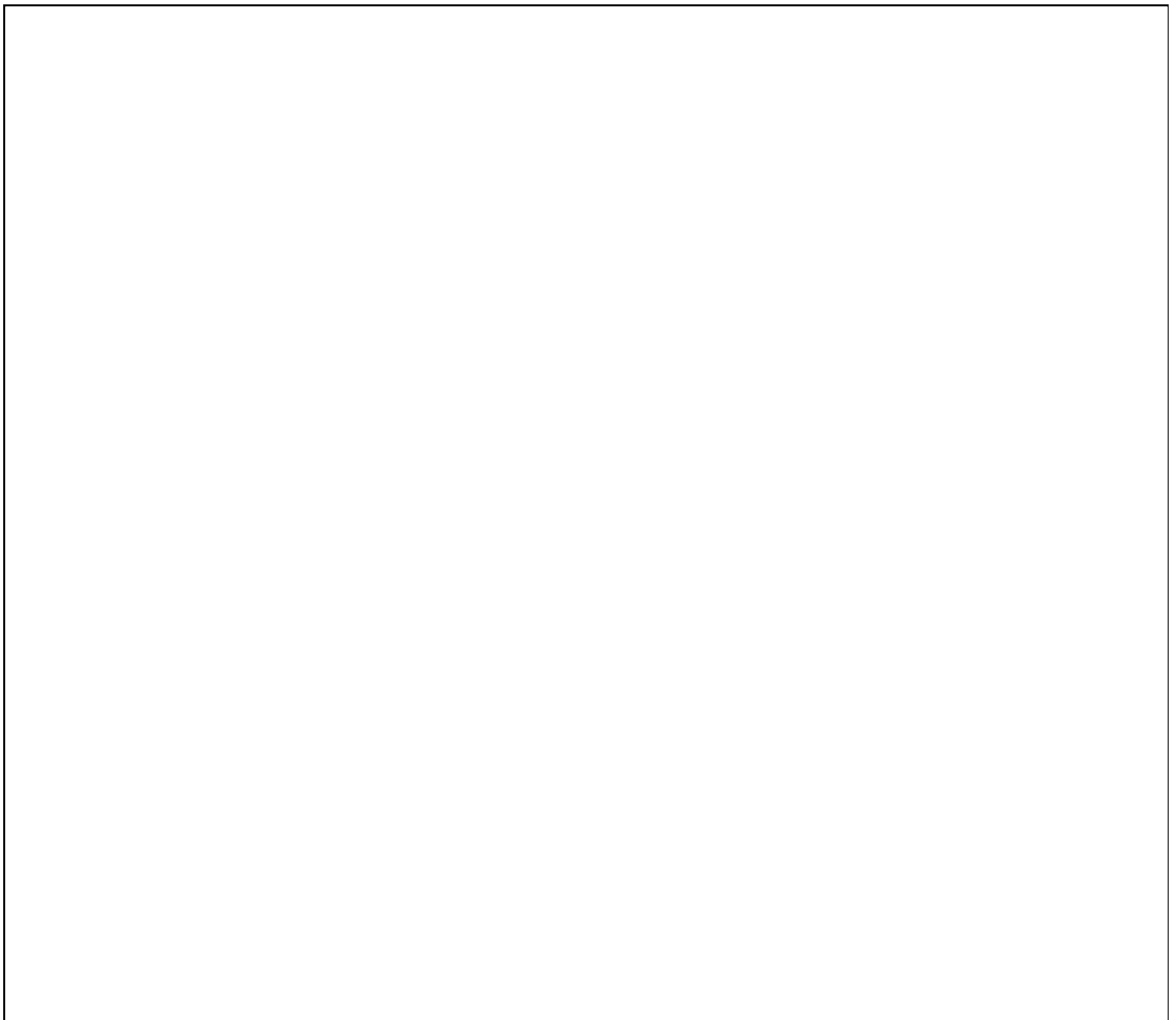
Total Amount Due For Premiums and Fees: \$ _____

Please circle your answer to all of the questions below:

- Does your team or organization adopt or adhere to rules and regulations created by a nationally recognized rule making organization? YES NO
- Do any covered activities involve pole-vaulting or any other track and field activity that involves thrown objects? YES NO
- Do any covered activities involve using a firearm that does not take place on a premises specifically designed for the purpose of discharging firearms? YES NO
- Have you or the team, league, or organization had any claims filed against it within the last four years? YES NO
- Is there an overnight exposure associated with the team, league, camp, or clinic? YES NO
- Is a parent's signature required for minors? YES NO
- Do you have a written incident report procedure in place? YES NO
- Are you required or desire to have abuse and molestation, hired/non-owned auto, or spectator medical payment coverage? YES NO
- Do any covered activities involve the use of a pool? YES NO

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 for the full amount of premium due 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 understand that the rates and coverage provided on this application are for a reduced coverage program that excludes protection for any legal action or personal injury involving participants of the sporting or other activities covered under this program. I am advised by Gagliardi Insurance Services to obtain coverage that includes participant medical and legal liability, but am waiving that coverage in favor of this plan that is available at a reduced premium.

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
Address
City, State & Zip Code
Certificate Holder
Address
City, State & Zip Code
Certificate Holder
Address
City, State & Zip Code

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City, State & Zip Code
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City, State & Zip Code

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