



Amateur Sports Team & League 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	Liability Aggregate per Team
\$ 1,000,000	Personal and Advertising Injury
\$ 1,000,000	Liability Each Occurrence
\$ 300,000	Damage to Rented Premises
\$ 25,000	Accident Medical Limit
\$ 100	Medical Deductible per occurrence
-Optional-	Spectator Medical Payments
-Optional-	Hired and Non-Owned Auto
-Optional-	Abuse and Molestation
-Optional-	Increased Liability Limit
-Optional-	Increased Medical 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.

Note: This is a two part insurance program that includes participant legal liability protection which requires \$25,000 of participant accident medical insurance. All rates in the program are per participant. Please complete both worksheets below and add the combined total to calculate the premium due.

Liability Coverage Worksheet

Sport	Number of Participants		Rate per Participant		Premium Due
Aerobics		X	\$ 1.75	=	
Archery		X	\$ 1.75	=	
Badminton		X	\$ 1.75	=	
Baseball		X	\$ 2.33	=	
Basketball		X	\$ 3.10	=	
Baton twirling		X	\$ 1.75	=	
Bowling		X	\$ 1.75	=	
Cheerleading		X	\$ 3.88	=	
Cricket		X	\$ 2.33	=	
Diving		X	\$ 4.84	=	
Drill Team		X	\$ 1.75	=	
Fencing		X	\$ 2.33	=	
Football, Contact, 19 and Under		X	\$ 4.84	=	
Football, Flag/touch		X	\$ 3.88	=	
Frisbee		X	\$ 1.75	=	
Golf		X	\$ 1.75	=	
Gymnastics		X	\$ 3.10	=	
Handball		X	\$ 3.10	=	
Hockey, Field, Floor, Inline		X	\$ 3.10	=	
Hockey, Ice, 19 and Under		X	\$ 4.84	=	
Ice Skating		X	\$ 2.33	=	
Kickball & Dodge Ball		X	\$ 3.10	=	
Lacrosse		X	\$ 3.88	=	
Polo		X	\$ 3.10	=	
Racquetball		X	\$ 3.10	=	
Rifle/Skeet		X	\$ 3.10	=	
Rowing		X	\$ 3.10	=	
Sailing		X	\$ 3.10	=	
Soccer		X	\$ 3.10	=	
Softball		X	\$ 2.33	=	
Speed Skating		X	\$ 3.10	=	

Sport	Number of Participants		Rate per Participant		Premium Due
Squash		X	\$ 2.33	=	
Swimming		X	\$ 3.10	=	
T-Ball		X	\$ 2.33	=	
Tennis		X	\$ 1.75	=	
Track and Field		X	\$ 3.10	=	
Volleyball		X	\$ 1.75	=	
Water Polo		X	\$ 2.33	=	
Weightlifting		X	\$ 3.10	=	

Total Premium Due for Liability Coverage: \$ _____

Note: Minimum Premium for Liability Coverage is \$250.00

Medical Coverage Worksheet									
Sport	# of Participants 12 and Under	Rate - Age 12 and Under	# of Participants Ages 13 to 15	Rate - Ages 13 to 15	# of Participants Age 16-19	Rate - Ages 16-19	# of Participants Age 20+	Rate - Age 20+	Premium Due
Aerobics		\$3.77		\$4.86		\$12.11		\$16.93	
Archery		\$3.51		\$3.51		\$3.51		\$5.52	
Badminton		\$3.51		\$3.51		\$3.51		\$5.52	
Baseball		\$2.03		\$5.19		\$9.88		\$21.35	
Basketball		\$2.17		\$3.26		\$10.51		\$15.64	
Baton twirling		\$3.51		\$3.51		\$3.51		\$7.88	
Bowling		\$3.51		\$3.51		\$3.51		\$5.52	
Cheerleading		\$2.25		\$4.72		\$10.95		\$16.35	
Cricket		\$2.03		\$5.19		\$9.88		\$21.35	
Diving		\$2.90		\$4.76		\$9.70		\$20.64	
Drill Team		\$4.13		\$5.40		\$13.81		\$18.55	
Fencing		\$2.66		\$3.32		\$4.46		\$7.96	
Football, Contact		\$10.82		\$26.87		\$39.84	X	N/A	
Football, Flag/touch		\$1.30		\$2.31		\$3.96	X	N/A	
Frisbee		\$3.51		\$3.51		\$3.51		\$3.51	
Golf		\$3.51		\$3.51		\$3.51		\$6.13	
Gymnastics		\$2.25		\$4.72		\$9.91		\$14.73	
Handball		\$2.85		\$3.32		\$3.36		\$6.96	
Hockey, Field		\$2.16		\$3.19		\$10.08	X	N/A	
Hockey, Ice		\$7.55		\$22.57	X	N/A	X	N/A	
Ice Skating		\$2.90		\$3.50		\$9.91		\$14.73	

Sport	# of Participants 12 and Under	Rate - Age 12 and Under	# of Participants Ages 13 to 15	Rate - Ages 13 to 15	# of Participants Age 16-19	Rate - Ages 16-19	# of Participants Age 20+	Rate - Age 20+	Premium Due
Kickball & Dodge Ball		\$1.62		\$4.15		\$7.90		\$17.08	
Lacrosse		\$3.35		\$4.31		\$5.86	X	N/A	
Polo		\$5.90		\$8.86	X	N/A	X	N/A	
Racquetball		\$2.85		\$3.32		\$9.61		\$14.43	
Rifle/Skeet	X	N/A		\$3.34	X	N/A		\$7.87	
Rowing		\$3.51		\$3.51		\$3.51		\$5.52	
Sailing		\$2.93		\$3.33		\$3.74		\$7.88	
Soccer		\$3.35		\$4.31		\$6.11	X	N/A	
Softball		\$1.78		\$2.66		\$9.88		\$21.35	
Speed Skating		\$2.80		\$8.69		\$14.46		\$46.28	
Squash		\$2.85		\$3.32		\$9.90		\$20.84	
Swimming		\$2.81		\$2.81		\$3.11		\$5.81	
T-Ball		\$2.03	X	N/A	X	N/A	X	N/A	
Tennis		\$2.81		\$2.81		\$3.85		\$7.42	
Track and Field		\$1.80		\$1.86		\$2.51		\$11.50	
Volleyball		\$1.65		\$2.04		\$2.16		\$5.18	
Water Polo		\$2.83		\$3.84	X	N/A	X	N/A	
Weightlifting		\$6.90	X	N/A	X	N/A		\$14.17	

Total Premium Due for Accident Medical Coverage: \$ _____

Total Amount Due for Liability and Medical Coverage: \$ _____
(Total of Liability and Accident Medical coverage – both are required for this program)

+
Application Fee: \$ _____ 15 _____
 =

Total Amount Due For All Premiums and Fees: \$ _____

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.

ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

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

All policies in this program have a one-year term

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
- Do you require a completed waiver from all participants or agree to require the attached waiver? 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
- Are you required or desire to have abuse and molestation, hired/non-owned auto, or spectator medical payment coverage? YES NO

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

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

Certificate Holder

Address

City, State & Zip Code

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

