



- 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
- Do any covered activities involve the use of a pool?                      YES                      NO

## Coverage Worksheet

| Sport                          | Number of Teams 15 and Under |   | Rate per Team Age 15 and Under |   | Number of Teams Age 16 and over |   | Rate per Teams Age 16 and over |   | Premium Due |
|--------------------------------|------------------------------|---|--------------------------------|---|---------------------------------|---|--------------------------------|---|-------------|
| Baseball                       |                              | X | \$16.38                        | + |                                 | X | \$17.88                        | = |             |
| Hockey, Field                  |                              | X | \$18.95                        | + |                                 | X | \$20.45                        | = |             |
| Softball                       |                              | X | \$16.38                        | + |                                 | X | \$17.88                        | = |             |
| Soccer                         |                              | X | \$18.18                        | + |                                 | X | \$19.68                        | = |             |
| T-Ball                         |                              | X | \$15.79                        | + |                                 | X | \$17.29                        | = |             |
| Football, Contact 19 and Under |                              | X | \$24.90                        | + |                                 | X | \$26.40                        | = |             |
| Hockey, Ice 19 and Under       |                              | X | \$23.96                        | + |                                 | X | \$25.46                        | = |             |
| Lacrosse                       |                              | X | \$21.19                        | + |                                 | X | \$22.69                        | = |             |
| Basketball                     |                              | X | \$15.88                        | + |                                 | X | \$17.38                        | = |             |
| Volleyball                     |                              | X | \$15.30                        | + |                                 | X | \$16.80                        | = |             |
| Football, Flag/Touch           |                              | X | \$17.30                        | + |                                 | X | \$18.80                        | = |             |
| Dodgeball/Kickball             |                              | X | \$15.88                        | + |                                 | X | \$17.38                        | = |             |

**Total Premium Due: \$ \_\_\_\_\_**  
**Note: Minimum Premium is \$375.00**

**Requested Policy Period: From** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **through** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

**Coverage is for one event**

**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: \$** \_\_\_\_\_

**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*)

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

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\*\***

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Certificate Holder

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Address

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City, State & Zip Code

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Certificate Holder

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City, State & Zip Code

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

