



# 2010 Youth Football and Cheerleading Insurance Program

Name of Organization \_\_\_\_\_

C/O (Individual Responsible for Insurance): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Program Coverage Summary

\$1,000,000	General Liability Limit Per Occurrence
\$1,000,000	Personal and Advertising Injury Limit
\$5,000,000	General Liability Aggregate Limit
\$2,000,000	Products/Completed Operations Aggregate Limit
\$ 300,000	Damage to Rented Premises
\$1,000,000	Non Owned and Hired Auto
\$1,000,000	Participant Legal Liability
\$1,000,000	Abuse & Molestation Coverage
\$ 100,000	Medical Maximum
\$ 25,000	AD&D Benefit

## Additional Protection Coverage Summary

**Excess Liability** – There are two options to increase the per occurrence and aggregate limit of your general liability coverage by either \$1,000,000 or \$4,000,000.

**Increased Medical Limit (Catastrophic Medical)** – Increases the limit on your accident medical coverage to \$1,000,000.

**Fidelity Bond** – Protects your organization against employee fraud or dishonesty. There are two options offering \$25,000 and \$50,000 of coverage.

**Directors and Officers Coverage** – Broadens your liability protection by providing up to \$1,000,000 per occurrence of liability coverage against discrimination, acts beyond granted authority, failure to deliver services, and failure to provide adequate insurance coverage for the league, players, and personnel.

**Sports Equipment Coverage** – Sport equipment coverage insures against loss or damage of sports equipment, snack bar equipment, uniforms, and playing equipment. This coverage has a \$500 deductible.

## Program Rates

Combined rates below are for Accident Medical and General Liability coverages, per team. All teams must be in the same deductible category. One cheer squad is included with every football team purchased.

Age Group	Number of Teams	\$0 Deductible	\$100 Deductible	\$250 Deductible	Premium Due
7 and Under	X	\$167.00	\$163.00	\$159.00	=
10 and Under	X	\$193.00	\$178.00	\$168.00	=
12 and Under	X	\$233.00	\$218.00	\$203.00	=
15 and Under	X	\$288.00	\$269.00	\$263.00	=
Flag all ages	X	\$75.00	\$69.00	\$66.00	=
Additional Cheer Squads	X	\$109.00	\$103.00	\$98.00	=

**Premium Due: \$ \_\_\_\_\_**  
**Note: Minimum Premium is \$300.00**

## Additional Protection Rates

<b>Excess Liability Limit</b>				
\$1,000,000				
Total # of Teams		Rate		Premium Due
_____	X	\$17.00	=	_____
<b>OR</b>				
\$4,000,000				
_____	X	\$68.00	=	_____

<b>Increased Medical Limit</b> (Up to \$1,000,000)				
	Total # of Teams	Rate		Premium Due
Football	_____ X	\$37.50	=	_____
(Must equal number of teams as above)				
Additional Cheerleading Squads	_____ X	\$50.00	=	_____
(Must equal additional squads as above)				

<b>Directors &amp; Officers</b> — See back of application for required form				
\$1,000,000 of Coverage per Chapter/Association				
				Premium Due
Rate \$264.00	X _____	=		_____

## Additional Protection Rates (Continued)

<b>Fidelity Bond</b> – See back of application for required form.			
\$25,000 of Coverage per Chapter/Association			Premium Due
Rate \$170.00	X _____	=	_____
<b>OR</b>			
\$50,000 of Coverage per Chapter/Association			Premium Due
Rate \$284.00	X _____	=	_____

<b>Sports Equipment Coverage</b> – See back of application for required form.			
Coverage amount	(Rate is \$1.50 per \$100 in coverage)		Premium Due
_____	X 0.015	=	_____
<b>Note: Minimum Premium is \$255.00 = \$17,000 in equipment coverage</b>			

**ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION**

**Total Amount From Premium Due Columns: \$ \_\_\_\_\_**

+

**Application Fee: \$ \_\_\_\_\_ 15 \_\_\_\_\_**

=

**Total Amount Due For Premiums and Fees: \$ \_\_\_\_\_**

**Policy Effective Date Options: (Circle One)**

**4/15/2010-4/15/2011**

**6/1/2010-6/1/2011**

**7/15/2010-7/15/2011**

**Policy premium is fully earned at inception. Teams may not be deleted but they may be added throughout the policy period at any time. Effective dates will be upon receipt of premium and application.**

**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 your method of payment for the amount 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 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: \_\_\_\_\_**

# Additional Insured/Certificate Holder List

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

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Name of League, Chapter or Association

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Certificate Holder

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Address

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City, State & Zip Code

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Name of League, Chapter or Association

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Certificate Holder

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Address

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City, State & Zip Code

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Name of League, Chapter or Association

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Certificate Holder

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City, State & Zip Code

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Certificate Holder

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City, State & Zip Code

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Name of League, Chapter or Association

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Certificate Holder

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Address

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City, State & Zip Code

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

## Credit Card Authorization Form

<b>Name (as it appears on the card):</b>	
<b>Billing Address:</b>	
<b>Billing City, State and Zip Code:</b>	
<b>Credit Card Number:</b> <i>Visa or Mastercard only.</i>	
<b>Expiration Date:</b>	
<b>V Code:</b> 3 Digit code on back of the credit card	
<b>Amount to Be Billed:</b>	
<b>Billing Date:</b>	
<b>Additional Comments:</b> (Name of Insured and/or Policy Number(s))	

I, \_\_\_\_\_, 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

# Fidelity Bond Application

(Complete for each Association, make as many copies as required.)

This application is for a Fidelity Bond, which covers employee fraud or dishonesty. By completing this portion of the application you will receive a Fidelity Bond.

Check One:

\_\_\_\_\_ Amount of Bond: \$25,000 of Coverage per Chapter/Association Per Loss  
Deductible: \$250.00 per claim     **Premium: \$170.00**

\_\_\_\_\_ Amount of Bond: \$50,000 of coverage per Chapter/Association Per Loss  
Deductible: \$250.00 per claim     **Premium: \$284.00**

## ***EFFECTIVE DATE OF POLICY***

*(Choose one)*

April 15, 2010 – April 15, 2011: \_\_\_\_\_

June 1, 2010 – June 1, 2011: \_\_\_\_\_

July 15, 2010 – July 15, 2011: \_\_\_\_\_

Have you had any losses in the past 6 years due to theft by a board member? If yes, explain:

Conference Name: \_\_\_\_\_

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**5 POSITIONS TO BE COVERED:**  
**(Job Title)**

**FULL NAME OF PERSON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Is there an audit performed by: Staff \_\_\_ Public Account \_\_\_ CPA \_\_\_ Other \_\_\_
2. What is the audit Frequency? \_\_\_\_\_
3. Does the audit include inventory? YES \_\_\_ NO \_\_\_
4. Are bank accounts reconciled by someone who is not allowed to deposit or withdraw? YES \_\_\_ NO \_\_\_
5. Is a counter signature on checks required? YES \_\_\_ NO \_\_\_

This bond covers only those 5 persons holding the "positions" designated while such person is engaged in league sanctioned activities. We must be notified in writing of any changes in Board of Directors.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# Directors & Officers Insurance Application

(Complete for each Association, make as many copies as required.)

Conference Name: \_\_\_\_\_

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EFFECTIVE DATE OF POLICY

*(Choose one)*

April 15, 2010 – April 15, 2011: \_\_\_\_\_

June 1, 2010 – June 1, 2011: \_\_\_\_\_

July 15, 2010 – July 15, 2011: \_\_\_\_\_

- 1.) Have any loss payments been made under any prior or current D&O or similar insurance? YES\_\_\_ NO\_\_\_
- 2.) Has any league person given written notice under the provisions of any prior D&O liability or similar insurance of circumstances which might give cause for a claim against any insured person(s)? YES\_\_\_ NO\_\_\_
- 3.) Are you aware of any circumstance which would afford valid grounds for any future claim(s) which would fall within the scope of this coverage? YES\_\_\_ NO\_\_\_

## DECLARATION AND SIGNATURE: (Signature of Association President is Mandatory)

Although the signing of this application shall be the basis of the contract should a policy be issued, the company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**The cost of this policy is \$264.00**  
**Deductible \$1,000**

# Sports Equipment Application

(Complete for each Association, make as many copies as required.)

This application is for Sports Equipment Coverage. Buildings and food products are NOT covered under this policy.

## ***EFFECTIVE DATE OF POLICY***

(Choose one)

April 15, 2010 – April 15, 2011: \_\_\_\_\_

June 1, 2010 – June 1, 2011: \_\_\_\_\_

July 15, 2010 – July 15, 2011: \_\_\_\_\_

Conference Name: \_\_\_\_\_ President: \_\_\_\_\_

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Deductible \$500.00

Rate: \$1.50 per every \$100 of coverage subject to a \$255.00 minimum premium.

Amount to be insured: \_\_\_\_\_

Total Premium (.015x amount of equipment-or-\$255, whichever is greater).

List all items valued over \$1,000 with Serial Numbers (if equipment has serial number).

Attached additional sheet if necessary

<u>Equipment</u>	<u>Serial Number</u>	<u>Equipment</u>	<u>Serial Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete address where equipment is stored: \_\_\_\_\_

- 1.) Is equipment stored in a locked facility with either a deadbolt or external locking device? YES\_\_\_\_ NO\_\_\_\_
- 2.) Is there Burglar Alarms \_\_\_\_ Fire Alarms\_\_\_\_ Automatic Sprinklers\_\_\_\_ None\_\_\_\_ (check all that apply)

*Coverage is void if stored at a residence or in a vehicle*