



MIC Insurance Brokerage
552 S. Washington St., Suite 200
Naperville, IL 60540
(630)428-4062 (630)428-4072 FAX

**AMERICAN AMATEUR SPORTS ASSOCIATION
 SPORTS PROGRAM APPLICATION**

1. Legal Business Name (including DBA): _____
2. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Contact Name: _____ Phone Number: _____
4. E-mail: _____ Web site: _____
5. Status: Individual Partnership Corporation Joint Venture Not for Profit Other _____
6. Years in business: _____ Years of experience: _____
7. Proposed effective date: _____
8. Coverage being requested for: ___ Association ___ League ___ Camp/Clinic ___ Tournament
9. Brief Description of Operations: _____

10. Prior General Liability Carrier and Loss Information:

	Current Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Carrier				
Premium				
Incurred Losses				

Please provide a brief description of any losses: _____

11. Premises Information:

Location of premises where activities/operations are conducted:	Owned	Leased
1.		
2.		
3.		
4.		
5.		
If operations are held in a building, what is the estimated total square footage of the facility?		
If operations are held outdoors, what is the estimated total acreage used by the applicant?		
If an admission or use fee is charged, what are the total estimated annual receipts for all admissions and fees?		

12.

Questions Concerning Activities/Operations:		Yes	No
1.	If leased, are you responsible for maintaining the building or premises?		
2.	If the facility includes a separate parking lot for your customers/clients, are you responsible for maintaining lot?		
3.	Are waivers and releases holding the insured or facility owner harmless required from all participants?		
4.	Do you have a written safety program including maintenance procedures & rules concerning activities/operations?		
5.	Any exposure to Flammables, Explosives or Chemicals? If yes, explain below.		
6.	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? If yes, explain below.		
7.	Any past claims relating to Sexual Abuse/Molestation, Discrimination, or Negligent Hiring? If yes, explain below.		
8.	Any uncorrected fire code violations? If yes, explain below.		
9.	Has any applicant been convicted of any crime during the past 10 years? If yes, explain below.		
10.	Do you have written rules, regulations or by-laws including member eligibility requirements?		
Comments/Explanations:			

13. Additional Insured/Interests:

Additional Insured	Address	Relationship to Insured (landlord, etc.)

14.

Exposures/Information:		Yes	No
1.	Do you belong to any national, state or local sports association? If yes, name association: _____		
2.	Does the association have membership eligibility requirements?		
3.	Does the association offer commercial general liability coverage to its members?		
4.	Do you utilize the services of volunteers including managers, coaches, concession workers, game officials, etc.?		
5.	Do you offer or conduct any off-season activities such as fund raisers, banquets, etc.? If yes, explain below.		
6.	Do you utilize sports training equipment in your operations such as batting cages, pitching machines, etc.? If yes, explain below.		
7.	Do you offer any overnight activities? If yes, please complete Overnight Supplement.		
8.	If working with youths, do you obtain national criminal background checks on employees or volunteers?		
9.	In addition to instructional sports, do you sell any type of sports apparel or equipment? If yes, explain below.		
10.	Do you promulgate rules for competition? If yes, explain below.		

Exposures/Information (continued):		Yes	No
11.	Are officials/umpires certified?		
12.	Is an incident report procedure in place and are incident logs maintained?		
13.	Do you offer instruction Swimming or Diving? If yes, please complete Swimming Pool Supplement.		
14.	Does your facility include a Rock Wall or Traverse Wall? If yes, please complete the Rock Wall Supplement.		
15.	Do you own/operate any Inflatable devices? If yes, please indicate number and list each unit below.		
16.	Do you comply with all of the Inflatable manufacturers recommendations? (Manufacturers recommendations available upon request.)		
Comments/Explanations:			

15. Participant Information (Associations and Leagues):

Sport/Activity	# of Adult Participants (Annual)	# of Youth Participants (Annual)	Sport/Activity	# of Adult Participants (Annual)	# of Youth Participants (Annual)
Baseball			Soccer		
Basketball			Softball		
Cheerleading			Swimming		
Football (Tackle)			Taekwondo		
Football (Flag)			Tennis		
Golf			Track & Field		
Judo			Volleyball		
Karate			Other:		
Martial Arts			Other:		

16. Participant Information (Camps/Clinics and Tournaments):

Camp Type	# of Participants	# of Days	Total # of participant days	Type of Sport/Activity
Day – Youth (up to age 18)				
Day – Adult (age 19 and up)				
Overnight – Youth (up to age 18)				
Overnight – Adult (age 19 and up)				
Tournament				

Generic Fraud Warning Language:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO RESIDENTS OF:

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona

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Arkansas

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California

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Connecticut

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Delaware

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District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Georgia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Idaho

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Illinois

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Indiana

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Iowa

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Kansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland

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Massachusetts

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Michigan

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Minnesota

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Mississippi

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Missouri

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Montana

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Nevada

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New Hampshire

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York (All Commercial Insurance Except Auto)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

North Carolina

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

North Dakota

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island

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South Carolina

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South Dakota

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Tennessee

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Texas

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Utah

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Virginia

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Washington

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Wisconsin

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West Virginia

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Wyoming

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