



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

**USA FOOTBALL
 APPLICATION**

Date: _____

Proposed effective date: _____

When is the quote needed by?: _____

Are you working with an agent/broker? Yes No

Are you an agent/broker submitting this on behalf of an applicant? Yes No

Producer business name: _____ Producer contact name: _____

Producer phone number: _____ Producer e-mail: _____

A. General Information

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Business telephone number: _____ Fax: _____

Detailed description of business activities (**attach supporting documents**): _____

Is this a new business? Yes No

Years in business: _____ Annual gross receipts: \$ _____

Does the insured have any contract requirements? (**If yes, please attach a copy**) Yes No

B. Insurance History

Why is the insured seeking new coverage?: _____

What is the target premium?: _____

Current coverage/company information:

| | | | |
|----------------|----|----|----|
| Company name | | | |
| Coverage | | | |
| Limits | | | |
| Annual premium | \$ | \$ | \$ |

Summarize claims totals below for the number of years they have been in business.

Attach/upload a currently valued five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).

| Policy Term | | Total Incurred Claims |
|-------------|-----|-----------------------|
| From | To | |
| / / | / / | |
| / / | / / | |
| / / | / / | |
| / / | / / | |
| / / | / / | |

Is the current insurance carrier offering a renewal quote? Yes No

If yes, please provide the premium offered: _____ If no, explain: _____

Are any other markets offering coverage? Yes No

If yes, what are terms? If no, please explain: _____

Are you aware of any incident, event, occurrence, or loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier? Yes No

If yes, please explain: _____

C. Desired Insurance Coverage

***Would you like coverage for the following:**

- Employee Dishonesty Inland Marine for Equipment Fire Damage Legal Liability
- Commercial Liability Excess Medical Benefit Personal and Advertising Injury
- Employee Benefit Liability Sexual Abuse & Molestation Non-owned and Hired Auto
- Civil Commotion/Riot Other: _____

(*Please attach a full 5-year loss history for all coverage requested that has been valued within the last 30–45 days.)

Desired limits

Per act/aggregate

Per person/per act/aggregate

| | | | |
|--------------------------|-----------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | \$50,000/\$100,000 | <input type="checkbox"/> | \$25,000/\$50,000/\$100,000 |
| <input type="checkbox"/> | \$150,000/\$300,000 | <input type="checkbox"/> | \$75,000/\$150,000/\$300,000 |
| <input type="checkbox"/> | \$250,000/\$1,000,000 | <input type="checkbox"/> | \$100,000/\$250,000/\$1,000,000 |
| <input type="checkbox"/> | \$500,000/\$1,000,000 | <input type="checkbox"/> | \$250,000/\$500,000/\$1,000,000 |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Other: _____ |

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000 \$ _____

D. League Operations

Years league has been active: _____

Number of participants by age:

| Age: | Total participants: |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

Risk management/safety procedures: Please provide details surrounding the risk management plan and safety procedures in place (include risk manager contact above). _____

Please fill out the following information as applicable to the coverage requested above:

Excess Medical Benefit

Do you verify all participants have active health insurance? Yes No

Do all participants undergo a USAF physical exam? Yes No

If yes, who performs the exam?: _____

Non-owned Auto (personal use of vehicle for business use)

Number of non-owned auto drivers: _____

Frequency of use/exposure: _____

Radius of operations: 0–50 miles 50–100 miles 100+ miles _____

Primary purpose of usage: _____

Does the applicant verify that insurance is in place before employees or volunteers can use their autos? Yes No

Does the applicant run Motor Vehicle Record reports for each employee? Yes No

At any time will there be clients or passengers that are not part of the organization? Yes No

If yes, give a brief description: : _____

Hired Auto (leased/rented vehicles for business use)

During the last three years, have you leased, borrowed or hired any vehicles for your business? Yes No

Number of annual hired autos: _____

If you anticipate some usage this year, what type of vehicles (trucks, cars, buses) and what is the estimated cost to hire or lease these vehicles? **Only Scheduled Autos will apply for Hired Auto. A schedule will be needed upon the rental or lease of the vehicle.**

| | | | | | |
|--------------------------------|--|---------------|--|-----------|--|
| Year | | Make | | Model | |
| V.I.N. | | | | Territory | |
| Type | | License State | | Radius | |
| City, State, Zip where Garaged | | | | | |
| Actual Cash Value | | GVW/GCW | | | |

Do you normally hire vehicles with drivers or without drivers? Please check what applies and list percentage of use: With % _____ Without % _____

Frequency of use/exposure: _____

Radius of operations: 0–50 miles 50–100 miles 100+ miles _____

Primary purpose of usage: _____

On average how many vehicles do you rent/lease annually? _____ Length of Rental: _____

Please provide the information on the Rental Company:

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: (____) _____ Fax: (____) _____

A valid Lease Agreement will need to be provided for all scheduled Hired Autos.

Inland Marine (for equipment)

Is the equipment used solely by the applicant? Yes No

If the equipment is leased to others, complete the following and attach a copy of the applicant's standard lease agreement:

- a. Equipment is leased on: Long Term Leases Short Term Leases
- b. Maximum value of equipment on lease at any one time: \$ _____
- c. Average value of equipment on lease at any one time: \$ _____
- d. Equipment leased with operator: Yes No
- e. Does lease agreement make lessor primary in the event of a loss? Yes No

Maximum accumulation of equipment at any one site including any repair and maintenance garages or storage garages: \$ _____

Please describe the construction, fire prevention and common or special hazards of all repair and maintenance garages or storage garages in which equipment is repaired or restored: _____

- a. Address: _____
- b. Construction: _____
- c. Fire Prevention: _____
- d. Common or special hazards (i.e., spray painting, welding, etc.): _____

If equipment, when not in use, is stored in open, is open area:

- a. Fenced: Yes No
- b. Locked: Yes No
- c. Under watchman supervision: Yes No

What is general condition of equipment: Excellent Good Fair Poor

If question answered by broker, was this from personal observation or knowledge? Yes No

If not, please explain: _____

Are maintenance and overhauls done on a scheduled basis? Yes No

If yes, how often? _____

Please provide the following information for each piece of equipment for which you desire coverage: (attach additional sheet if necessary)

| Description | Serial # (if applicable) | Age | Value |
|-------------|--------------------------|-----|-------|
| | | | |
| | | | |
| | | | |
| | | | |

****Supplemental questions and a discussion call with the insured will be required for formal terms****

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature: _____

Signature: _____