



APPLICATION for: Participant Accident - Amateur Sports

SECTION I. GENERAL INFORMATION

1. Name of Applicant: _____
 Contact Person: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Website: _____

2. Nature of Business: _____

3. Is this a state governmentally run entity? Yes No

SECTION II. RISK DATA

4. Type of Group: Team/League Club Association Not-for-Profit
 Employer Camps/clinics Other: _____

5. Description of Covered Persons: _____

6. Describe Activities to be Covered: _____

- Participating in Covered Activities Only Travel to and from Covered Activity

SECTION III. BENEFITS SCHEDULE

7. Accidental Death & Dismemberment: \$ _____
8. Accidental Medical Expense Benefit Maximum: \$ _____
 Benefit Period: 1 year 2 years
 Deductible: \$0 \$50 \$100 \$250 \$500 Other: \$ _____
 Medical Expense Coverage: Primary Excess
9. Other Requested Benefits: _____

SECTION IV. PRIOR COVERAGE

10. Is there an accident insurance policy currently in force? Yes No
 Effective Date(MM/DD/YYYY): _____ Expiration Date(MM/DD/YYYY): _____

If "Yes", please provide the following information for at least the past three (3) full years of coverage by year:

| | Year 1 | Year 2 | Year 3 |
|---|--------|--------|--------|
| Name of the current carrier | | | |
| Premium | | | |
| Paid and pending losses | | | |
| Number of Claims | | | |
| Plan Changes during that experience period | | | |
| Detailed claim information from the carrier, if available | | | |

SECTION V. EXPOSURE

- 11.
 - a. Number of participants: _____ **BY AGE:** 12 & Under: _____ 13-15: _____
 16-18: _____ 19 and up: _____
 - b. Maximum Age: _____

12. Amount of Exposure by each Participant (# of events, meetings, length of season, tournaments, etc.):

13. Requested dates of coverage: _____
 From(MM/DD/YYYY): _____ To(MM/DD/YYYY): _____

SECTION VI. PARTICIPATION

- 14. Are volunteers included in the exposure? Yes No
 If yes, how many volunteers? _____

SECTION VII. OTHER INFORMATION

1. **The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
2. **It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**
3. **It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**
4. **For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**

Signed: _____ Print Name: _____

Title: _____ Date (Mo/Day/Yr): _____

Applicant Organization: _____

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