



## Amateur Sports & Recreation Insurance Request For Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: [info@specialmarkets.com](mailto:info@specialmarkets.com), Fax: (715) 344-6126  
Or mail to: Special Markets Insurance Consultants, Inc., 1265 Main Street, Suite 202, Stevens Point, WI 54481  
Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. *Payment of premium is required to bind coverage.*

**Account Information:**

Named Insured \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Fax \_\_\_\_\_ Website \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Activity Start Date \_\_\_\_\_ Activity End Date \_\_\_\_\_  
 Named Insured is:  Individual  Partnership  Corporation  Association  Other: \_\_\_\_\_

**Coverage Requested:**  Accident Medical  \$25,000 Limit  Other Limit \$ \_\_\_\_\_  
 Accident Medical Deductible Options  \$0  \$100  \$250  \$500  
 Participant General Liability (participants are included (accident coverage required))  
 Limits of Insurance Requested \$ \_\_\_\_\_  
 Spectator General Liability (if checked, spectator count at the top of page 2 must be completed)  
 Limits of Insurance Requested \$ \_\_\_\_\_  
 Abuse & Molestation (complete Section D) Limits of Insurance Requested \$ \_\_\_\_\_  
 Liquor Liability  
 Hired/Non-Owned Auto  
 Sports Equipment Coverage (Inland Marine)

**Type of Organization**  
 Team, League or Association (complete Section A & C) OR  Camp, Clinic or Tournament (complete Section B & C)  
NOTE: Do you have both team/league association exposure as well as camp, clinic and/or Tournament exposure? If so, please complete Section A, Section B, and Section C.

**SECTION A – Team, League or Association Underwriting Information**  
**Number of Participants Per Sport / Activity:**

Sport / Activity	Basketball	Soccer	Other/ Specify	Other/ Specify	Other/ Specify	Other /Specify	Other /Specify
	Example	Example					
12 & Under	_____	_____	_____	_____	_____	_____	_____
13 – 15	_____	_____	_____	_____	_____	_____	_____
16 – 18	_____	_____	_____	_____	_____	_____	_____
19 & Older	_____	_____	_____	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____	_____	_____	_____
Coaches	_____	_____	_____	_____	_____	_____	_____
Officials/Umpires	_____	_____	_____	_____	_____	_____	_____

Number of est. spectators for all Sports/ Activities insured: \_\_\_\_\_  
 Number of est. spectators at each game: \_\_\_\_\_  
 How many sessions / games: \_\_\_\_\_

**SECTION B – Camp, Clinic or Tournament Underwriting Information**

Type of Camp, Clinic or Tournament (please check all that apply):  Day  Overnight  Travel  Sport  Youth  Adult  
 Special Needs  Other (specify): \_\_\_\_\_ Type of Sport: \_\_\_\_\_

Total number of:  
 Coaches for all locations: \_\_\_\_\_ Officials/Umpires for all locations: \_\_\_\_\_ Volunteers for all locations: \_\_\_\_\_

Describe all activities you are requesting insurance coverage for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CAMP, CLINIC OR TOURNAMENT LOCATION(S) / ACTIVITIES**

Name and Address of Camp, Clinic or Tournament Location	Camp Starts			Camp Ends			No. of Days	Age Range of Campers	Estimated Number to be Insured
	MO	DAY	YR	MO	DAY	YR			
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
								Officials/Umpires	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
								Officials/Umpires	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
								Officials/Umpires	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
								Coaches	
								Officials/Umpires	

**Section C - Underwriting Information:**

Do you require participants and volunteers to sign waivers?  Yes  No  
 Do you have procedures for screening employees, coaches, volunteers?  Yes  No  
 Do you have a written contract with the facilities you utilize?  Yes  No

Are you contractually obligated to name facility owners as additional insureds?  Yes  No  
 If yes complete the following:

Additional Insured Name                      Address                                      Relationship to you (example: facility owner)

**Do you currently have Accident Medical Coverage and/or General Liability?**  Yes  No

- a. If yes, please provide a copy of your current policy's schedule page.
- b. If yes, please provide 5 years loss experience.

**Section D - Abuse & Molestation**

1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?  Yes  No
2. a) Does your state permit you to do criminal background investigations?  Yes  No  
 b) If yes, do you routinely request and receive such background investigations?  Yes  No
3. Do you verify employment related references?  Yes  No
4. Do you conduct a personal interview?  Yes  No
5. Do you have written procedures for dealing with sexual abuse?  Yes  No  
*If yes, attach a copy.*
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
7. a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? *If yes, please describe.*  Yes  No  
 b) Was a claim made against the organization?  Yes  No  
 c) Was the case settled?  Yes  No  
 d) Was the case taken to trial?  Yes  No  
 e) How much money was paid in damages to the victim? \$ \_\_\_\_\_
8. Regarding coverage for abuse & molestation, does your current insurance program:
  - a) exclude coverage?  Yes  No
  - b) limit coverage (please indicate limit of liability. \$ \_\_\_\_\_)  Yes  No
  - c) neither exclude nor limit coverage  Yes  No
9. Please indicate age range of clients \_\_\_\_\_
10. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any children?"  Yes  No

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this request for quote form and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

**Local/Regional Licensed Agency**

Agency Name: Mercer Consumer, a service of Mercer Health & Benefits Administration LLC License Number: 1002002448

Agent Name (Printed): Kathleen Yergin Agent Address: 540 W. Madison Street, 10th Floor

City, State, Zip: Chicago, IL 60661 Phone Number: 312-627-6567

Signature: *Kathleen Yergin* Date: \_\_\_\_\_  
(Licensed Agent)

Email Address: kathleen.yergin@mercerc.com Proposal Number: \_\_\_\_\_

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** 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.