

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

SPORTS CLINICS/LEAGUES SUPPLEMENTAL APPLICATION
(Include Acord Application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Name of the league or clinic (if different than the Applicant): _____

Name and address of the sponsor: _____

Is the premises or playing field owned by the Applicant? Yes No
If yes, what is the size and use of the premises, number of fields, and owned equipment on the premises? (Examples: bleachers, nets, courts, goals): _____

Years in business: _____ Applicant is: Individual Corporation Joint Venture Other (Specify): _____

Number of coaches: _____ If they are accredited, by whom? _____

Do the coaches carry their own insurance? Yes No
If yes, who is the carrier and what are the limits of liability? _____

Is the league or clinic a member of an association? Yes No
If yes, which one(s)? _____

The league or clinic is: Coed Boys Girls Adults

The sports league or clinic is for: Baseball Basketball Softball Archery Tennis
 Volleyball Bowling Running or cross country hiking

PREMIUM BASIS

Number of participants: _____ Total number of games for the sports league this season: _____
Number of days: _____ Number of traveling tournaments: _____

UNDERWRITING CRITERIA

Age of the participants: _____ Total number of employees: _____
Number of volunteers: _____ Ratio of supervisors to participants: _____

Are all employees and volunteers subject to criminal background checks? Yes No

Does the applicant have accident and health coverage on the participants? Yes No
If yes, who is the carrier and what are the limits of liability: _____

Any hold harmless agreements? Yes No If yes, with whom and what is the nature of the agreement? _____

If minors participate, are parents required to sign waivers? Yes No

Does the clinic or league specialize in workshops or games for developmentally disabled individuals? Yes No
If yes, please provide a narrative of such program (if necessary, use a separate sheet of paper): _____

If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport participants? _____

What safety equipment is required to be worn by the participants and are they advised to its proper use? _____

List the locations of the facilities where the games are being held: _____

Are additional insured's needed? Yes No

If yes, please provide complete name and address of each additional insured: _____

Do they have a snack bar, sports shop, or other retail business? Yes No

If yes, describe and indicate the estimated gross sales: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date