



The Nation's Leader in Sports Insurance

Amateur Sports Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As sports activities vary, some questions may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Organization Name: _____

Legal Name: _____

Coverage Term _____ through _____

2. Facility Address: _____
(Street) (City, State, Zip)

Mailing Address(if different): _____
(Street) (City, State, Zip)

3. Contact Person: _____

4. Telephone Number: (____) _____ Fax Number: (____) _____

5. Web site address: _____ Date of Formation: _____

6. Person responsible for general operation of activities: _____

Years of experience and type of experience: _____

7. How do you wish to receive your quotation? Via Fax (____) _____

Via E-mail _____

Via Mail

INSURANCE INFORMATION

8. Current Policy Expiration Date: _____

Current Insurance Co: _____

Current Expiring Premium: _____

9. Has any insurer ever canceled or refused coverage? Yes No

If yes, please explain: _____

10.

SPORT Number of Adults and Number of Youth

| | | |
|----------------------|-------|-------|
| Aerobics | _____ | _____ |
| Badminton | _____ | _____ |
| Baseball | _____ | _____ |
| Basketball | _____ | _____ |
| Boxing | _____ | _____ |
| Cheerleading | _____ | _____ |
| Cross Country Skiing | _____ | _____ |
| Field Hockey | _____ | _____ |
| Flag Football | _____ | _____ |
| Floor Hockey | _____ | _____ |
| Golf | _____ | _____ |
| Ice Hockey | _____ | _____ |
| Lacrosse | _____ | _____ |
| Martial Arts | _____ | _____ |
| Roller Hockey | _____ | _____ |
| Rugby | _____ | _____ |
| Soccer | _____ | _____ |
| Softball | _____ | _____ |
| Swimming | _____ | _____ |
| T-Ball | _____ | _____ |
| Tackle Football | _____ | _____ |
| Tennis | _____ | _____ |
| Track | _____ | _____ |
| Volleyball | _____ | _____ |
| Weightlifting | _____ | _____ |
| Wrestling | _____ | _____ |

Ultimate Frisbee _____
Other _____
Other _____

COVERAGES AND LIMITS

Limit

11. Commercial General Liability \$ _____
General Aggregate \$ _____
Participant Legal Liability \$ _____
Products & Completed Operations (aggregate) \$ _____
Personal and Advertising Injury \$ _____

12. Accident Insurance
Maximum Medical Expense Benefit \$ _____
Accidental Death/Dismemberment Benefit \$ _____
Deductible \$ _____

UNDERWRITING

13. Total Annual Gross Receipts: \$ _____ Admissions: \$ _____
Concessions: \$ _____ Retail: \$ _____
Fees: \$ _____

14. Do you own or rent your facility/playing field? Own Rent
If rented, please provide a copy of the rental agreement from the building or park owner.

15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)?
Yes No If yes, please explain _____

16. Square Footage of Facility/Playing Field: _____

17. Number of employees: _____ Full-time _____ Part-time

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Francis L. Dean & Assoc., Inc.

Signature of Applicant _____

Date _____

Signature of Licensed Agent _____

Agency Name and Address _____

Francis L. Dean & Assoc. of Florida, LLC
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