



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## TEAM OR LEAGUE SPORTS SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's brochure or marketing materials if a website is not available*
- c) *A copy of the official concussion protocols for your league or organization*
- d) *A copy of your league or organization rulebook, facility maps, and equipment lists*

3)

What are your operations? Check all that apply:

- Sports League or Organization – Peewee (Kindergarten and younger)
- Sports League or Organization – Youth Intramural (under age 15)
- Sports League or Organization – Youth Competition (under age 15)
- Sports League or Organization – Teen Intramural (age 15 to 18)
- Sports League or Organization – Teen Competition (age 15 to 18)
- Sports League or Organization – Adult Intramural (age 18+)
- Sports League or Organization – Adult Amateur Competition (age 18+)
- Sports League or Organization – Adult Semi-Professional Competition (age 18+)
- Sport Officiant, Umpire, Referee, Timekeeper, or Judge – Intramural
- Sport Officiant, Umpire, Referee, Timekeeper, or Judge – Competition
- Sport Facilities – Public Park Access
- Sport Facilities – League or Organization Access Only
- Sport Facilities – Practice or Training Facilities (batting cages, pitch speed lanes, etc.)
- Sport Facilities – Indoor – For Rent
- Sport Facilities – Outdoor – For Rent

4) What sport is your operation involved in? Check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> T-Ball/Coach Slow Pitch       | <input type="checkbox"/> Baseball                  | <input type="checkbox"/> Basketball                    |
| <input type="checkbox"/> Softball (slow pitch)         | <input type="checkbox"/> Softball (fast pitch)     | <input type="checkbox"/> Volleyball                    |
| <input type="checkbox"/> Football (flag or touch only) | <input type="checkbox"/> Football (tackle)         | <input type="checkbox"/> Lacrosse                      |
| <input type="checkbox"/> Field Hockey                  | <input type="checkbox"/> Roller Hockey or Derby    | <input type="checkbox"/> Ice Hockey                    |
| <input type="checkbox"/> Soccer                        | <input type="checkbox"/> Badminton or Racquet Ball | <input type="checkbox"/> Track and Field/Cross Country |
| <input type="checkbox"/> Rugby                         | <input type="checkbox"/> Cricket                   | <input type="checkbox"/> Jai Alai                      |
| <input type="checkbox"/> Bubble Ball                   | <input type="checkbox"/> Ultimate Frisbee          | <input type="checkbox"/> Swim Team or High Dive        |
| <input type="checkbox"/> Bicycle Racing/Cycling        | <input type="checkbox"/> Crew/Sailing              | <input type="checkbox"/> Kickball or Dodgeball         |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Other: _____              |  |

\*\*\*For cheerleading and gymnastics, please complete the Kinsale Gymnastics or Dance Supplemental Application.  
For fencing, wrestling, or martial arts, please complete the Kinsale Martial Arts Supplemental Application.\*\*\*

5) What are your projected receipts for the coming year? \$ \_\_\_\_\_

a. If you are an officiant, what is your projected payroll for the year? \$ \_\_\_\_\_

6) Approximately how many participants do you have in a season? \_\_\_\_\_

a. How many teams does your organization have? \_\_\_\_\_

b. How many seasons do you have in a year? \_\_\_\_\_

c. What are the beginning and ending period(s) for seasons? \_\_\_\_\_

d. Approximately how many games/matches does a team (or player) have in a normal season? \_\_\_\_\_

e. If applicable, how many games/matches are in post season/championship play? \_\_\_\_\_

7) Do you operate as a not for profit? Yes  No

8) Are you subject to any state or local licensing or regulation? Yes  No

a. If yes, list regulations/licenses: \_\_\_\_\_

b. Are you subject to the rules and regulations of a state, regional, national, or international governing body? Yes  No

c. If yes, which? \_\_\_\_\_

d. Are you subject to Title IX regulations, California Fair Play in Community Sports Act, or any other gender equality of opportunity in sports legislation? Yes  No

9) How many years have you been in operation? \_\_\_\_\_

10) How many employees or volunteers do you have? \_\_\_\_\_

a. Do you run criminal background checks on all employees or volunteers? Yes  No

b. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes  No

c. What is the minimum age for employment or volunteering? \_\_\_\_\_

11) Does your operation have any age restrictions for participants? Yes  No

a. If yes, what age? \_\_\_\_\_

12) Do you require participants to have a recent physical or medical waiver before playing? Yes  No

13) Are coaches or officiants certified in CPR and First Aid? Yes  No

a. Is a first aid kit and automated external defibrillator (AED) available during games/matches? Yes  No

- 14) What safety equipment is required for players? Check all that apply:
- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Helmets      | <input type="checkbox"/> Face Masks          | <input type="checkbox"/> Body Padding     |
| <input type="checkbox"/> Mouth Guards | <input type="checkbox"/> Goggles/Eye Shields | <input type="checkbox"/> Groin Protection |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____        |   |
- 15) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes  No
- 16) Are any divisions of your organization co-ed? Yes  No
- 17) If you have players under the age of 18, does your organization have written anti-bullying, player conduct, and coach conduct policies? Yes  No
- 18) Do you record or photograph any players? Yes  No
- a. If yes, is the player (or parent/guardian for minor children) informed they are being recorded? Yes  No
- b. Is footage reviewed with or available to the player? Yes  No
- c. Is footage ever used in commercial capacity (marketing, instructional videos, etc.)? Yes  No

**INTRAMURAL SPORTS** *(Complete only if your league or organization is intramural)*

- 19) Does your organization have any rules pertaining to fair rotation, benching, or player position opportunity? Yes  No
- a. If yes but only to a certain age, what age? \_\_\_\_\_
- 20) Does your organization have "mercy rules" in the event one player or team significantly outscores their competitor? Yes  No
- a. If yes but only to a certain age, what age? \_\_\_\_\_
- 21) If your organization has adult intramurals, are any divisions or seasons part of a beer league/bar league where drinking is allowed or encouraged before or during play? Yes  No

**COMPETITION SPORTS** *(Complete only if your league or organization is competitive [non-intramural])*

- 22) How do players qualify for your organization? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 23) Do you travel more than two hours for games/matches? Yes  No
- a. If yes, is there a team bus or other coordinated group transportation? Yes  No
- b. Do teams ever fly to games/matches? Yes  No
- c. Are any games/matches held outside of the United States and its territories? Yes  No
- 24) Do you permit professional league or collegiate recruiters or talent scouts at games/matches? Yes  No
- a. If yes, are they permitted to record video or photograph? Yes  No
- b. Are players or their parents/guardians informed in advance if they will be recorded or photographed? Yes  No
- 25) Are players subject to any drug screening as a condition for competition? Yes  No
- a. If yes, are players informed of what substances they will be tested for? Yes  No
- b. Is random unannounced testing possible? Yes  No

**SPORT FACILITIES** *(Complete only if you are operating sport facilities)*

- 26) How many courts, fields, etc. do you have? \_\_\_\_\_
- 27) Do you host or allow birthday parties or events to be held at your facilities? Yes  No   
a. If yes, do you provide any additional amenities beyond your normal equipment (catering services, inflatables, special activities, party coordination, etc.)? Yes  No   
b. If yes to a., what do you provide? \_\_\_\_\_  
\_\_\_\_\_
- 28) Are animals other than service dogs allowed at your facility? Yes  No
- 29) If your facility is indoors, what is the maximum occupancy of the building? \_\_\_\_\_  
a. Is the building sprinklered? Yes  No
- 30) How frequently do you inspect courts, playing fields, and permanent equipment? \_\_\_\_\_
- 31) Who is responsible for the placement, erection, and tie-down of temporary equipment? \_\_\_\_\_
- 32) Do you allow teams to play before sunrise or after sunset? Yes  No   
a. If yes, are all areas of play and parking lots adequately lit with stadium flood lighting or comparable high visibility lighting? Yes  No
- 33) If your facility is outdoors, what type of weather monitoring equipment do you have at your facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 34) Does your facility have available land line telephones or emergency call boxes? Yes  No
- 35) Do you operate any concession facilities? Yes  No   
a. Do you have concession booths or tents where teams rotate concession operations or fundraiser organizations may operate concessions? Yes  No   
b. Do you sell or allow the sale of alcohol? Yes  No   
c. Do you allow for any non-concession retail operations (team merchandise, sundries, etc.)? Yes  No
- 36) Do you allow BYOB alcohol to be consumed on your premises? Yes  No
- 37) Describe the safeguards in place to protect spectators: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 38) Do you provide any seating, bleachers, pavilions, etc. for spectators? Yes  No   
a. If yes, please describe: \_\_\_\_\_  
b. How frequently are these amenities inspected? \_\_\_\_\_
- 39) How frequently are bathrooms cleaned and inspected? \_\_\_\_\_  
a. Do bathroom facilities have showers? Yes  No   
b. Are bathrooms publicly accessible without a key? Yes  No   
c. Are bathrooms patrolled by staff, private security, or park police? Yes  No
- 40) If you provide any ball throwing machinery, is machinery auto-fed (no attendant)? Yes  No   
a. If yes, are emergency stop switches located near the player and on the machine? Yes  No

## ACCOUNT HISTORY

- 41) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes  No
- 42) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes  No

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_