

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive
Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Soccer League General Liability Application

Applicant's Name _____

Mailing Address _____

Agent Name _____

Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☐ Corporation
☐ Limited Liability Company

☐ Partnership ☐ Joint Venture
☐ Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$	
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	
Each Occurrence	\$	
Fire Damage (any one fire)	\$	
Professional Liability	\$	Each Claim
(\$500,000/Claim, \$500,000/Aggregate maximum available limit)	\$	Aggregate
Sexual and/or Physical Abuse	\$	Each Claim
(\$500,000/Claim, \$500,000/Aggregate maximum available limit)	\$	Aggregate
Participant Liability	\$	Occurrence
(\$500,000/Occurrence, \$500,000/Aggregate maximum available limit)	\$	Aggregate
Medical Expense (any one person)	\$ Not Available	

LOCATION OF OPERATIONS

Street Address and City	State
1. ☐ Same as mailing address	
2.	
3.	

1. Please indicate National Affiliation or Registration: _____

Do you follow their rules and guidelines? ☐ Yes ☐ No

2. Are signed liability waivers obtained from parents? ☐ Yes ☐ No

If yes, please attach a copy of the waiver used.

3. What fund-raising events do you sponsor? ☐ Bake sales ☐ Car washes ☐ Other (describe): _____

4. Are any games held in a foreign country or out of state? ☐ Yes ☐ No If yes, where? _____

5. Participant Accident Insurance information:

Company: _____

Plan medical expense maximum limit: \$ _____

Policy term: Effective _____ Expires _____

6. PLAYER INFORMATION

SEASON #1			SEASON #2				
Begins ____ / ____ / ____			Begins ____ / ____ / ____				
Ends ____ / ____ / ____			Ends ____ / ____ / ____				
Number of games _____			Number of games _____				
Age Group	Number on #1 Rosters	Number of Teams	Number on #2 Rosters	Number of Teams	Total on #1 & #2 Rosters	X Rate	= Premium
7 & Under							
8 – 9							
10 – 12							
13 – 15							
16 – 18							
19 & Over							
					Subtotal	Average Rate	Subtotal
					Add'l Insured	\$100 Each	
					Owned Fields	\$1,000 per Field	
					POLICY PREMIUM		

7. Are ages confirmed by birth certificate? ☐ Yes ☐ No If no, how are they confirmed? _____

8. Do you own any playing fields? ☐ Yes ☐ No If yes, how many? _____

9. What background and experience requirements do you have for your coaching staff? _____

10. During the past three years, has any company ever canceled, declined, or refused to issue General Liability insurance to the applicant? (Not applicable in Missouri.)

☐ Yes ☐ No If yes, please explain: _____

PRIOR INSURANCE HISTORY ☐ See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 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 five thousand dollars and that stated value of the claim for each such violation.

FRAUD WARNING:

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT:

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."