



1700 W. Albany, Suite 200
Broken Arrow, OK 74012

918-317-3200 phone 918-317-3205 fax

2011 Youth Football and Cheerleading Insurance Program

Name of Organization _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Program Coverage Summary

\$1,000,000	Per Occurrence General Liability Limit
\$1,000,000	Personal and Advertising Injury Limit
\$5,000,000	Per League General Liability Aggregate Limit
\$2,000,000	Products/Completed Operations Aggregate Limit
\$ 300,000	Coverage for Damage to Rented Premises
\$1,000,000	Non Owned and Hired Auto
\$1,000,000	Abuse & Molestation Coverage
\$ 100,000	Medical Maximum
\$ 25,000	AD&D Benefit

Additional Protection Coverage Summary

Increased Liability Limit – There are two options to increase the per occurrence limit of your general liability coverage to \$2,000,000 or \$5,000,000.

Increased Medical Limit – Increases the limit on your accident medical coverage to \$1,000,000.

Fidelity Bond – Protects your organization against employee fraud or dishonesty. There are two options offering \$25,000 and \$50,000 of coverage.

Directors and Officers Coverage – Broadens your liability protection by providing up to \$1,000,000 per occurrence of liability coverage against discrimination, acts beyond granted authority, and failure to deliver services.

Sports Equipment Coverage – Sport equipment coverage insures against loss or damage of all sports equipment, snack bar equipment, uniforms, and playing equipment.

Program Rates

There are three accident medical deductible options available; all teams must be in the same deductible category. All rates include one cheer squad per team, additional cheer squads may be added for additional premium. **Premium below includes coverage for Liability and Accident Medical.**

Age Group	Number of Teams	\$0 Deductible	\$100 Deductible	\$250 Deductible	Premium Due
7 and Under	X	\$167.00	\$163.00	\$159.00	=
10 and Under	X	\$193.00	\$178.00	\$168.00	=
12 and Under	X	\$233.00	\$218.00	\$203.00	=
15 and Under	X	\$288.00	\$269.00	\$263.00	=
Flag all ages	X	\$75.00	\$69.00	\$66.00	=
Additional Cheer Squads (in addition to 1 per team)	X	\$109.00	\$103.00	\$98.00	=

Premium Due: \$ _____
****Note: Minimum Premium is \$300.00**

Additional Protection Rates

Increased Liability Limit (Up to \$2,000,000)			
Total # of Teams	X	Rate	Premium Due
_____	X	\$17.00	= _____
OR			
(Up to \$5,000,000)	X	Rate	Premium Due
_____	X	\$68.00	= _____

Increased Medical Limit (Up to \$1,000,000)			
Total # of Teams	X	Rate	Premium Due
Football _____	X	\$37.50	= _____
(Must equal number of teams as above)			
Additional Cheerleading Squads _____	X	\$50.00	= _____
(Must equal additional squads as above)			

Additional Protection Rates (Continued)

Fidelity Bond – See back of application for additional form to be completed

\$25,000 of Coverage per Chapter/Association Premium Due

Rate \$170.00 X _____ = _____

OR

\$50,000 of Coverage per Chapter/Association Premium Due

Rate \$284.00 X _____ = _____

5 Positions to be covered:

Job Title	Full Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Directors & Officers– See back of application for additional form to be completed

\$1,000,000 of Coverage per Chapter/Association

Rate \$260.00 X _____ = _____ Premium Due

Sports Equipment Coverage–See back of application for additional form to be completed

Coverage amount (Rate is \$1.50 per \$100 in coverage)

_____ X \$0.015 = _____ Premium Due

Note: Minimum Premium is \$255.00

- Please attach a detailed list itemizing any covered items valued over \$1,000

Policy Effective Date Requested: _____/_____/_____

- Policy will begin upon receipt of application and premium, and will be valid for an annual term.
- No backdating will be allowed under any circumstances.
- To add teams at any time during the policy year please complete another application and send to our office along with premium.
- Teams cannot be deleted or removed after policy has been enforced and no refunds will be given.

ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

Total Amount From Premium Due Columns: \$ _____

Application Fee: \$ 15.00

Total Amount Due For Premiums and Fees: \$ _____

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

Date: _____ Applicant Signature: _____

Print Name and Title: _____

****Please sign and submit this application via mail, fax or e-mail along with your method of payment (check by mail, check or credit card by fax – forms attached)**

**Gagliardi Insurance Services, Inc. • 284 Digital Drive • Morgan Hill, CA 95037
Phone: (800) 995-9768 Fax: (408) 414-8199 E-Mail: sales@gisins.com**

Fidelity Bond Application

For multiple associations, make as many copies as required.

This application is for a Fidelity Bond, which covers employee fraud or dishonesty. By completing this portion of the application you will receive a Fidelity Bond.

Check One:

_____ Amount of Bond: \$25,000 of Coverage per Chapter/Association Per Loss
Deductible: \$250.00 per claim **Premium: \$170.00**

_____ Amount of Bond: \$50,000 of coverage per Chapter/Association Per Loss
Deductible: \$250.00 per claim **Premium: \$284.00**

EFFECTIVE DATE OF POLICY

--/--/---- - --/--/----

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you sustained any employee dishonesty losses in the last six years? Yes _____ No _____

5 POSITIONS TO BE COVERED: (Job Title)

FULL NAME OF PERSON:

This bond covers only those 5 persons holding the "positions" designated while such person is engaged in activities sanctioned by the League. We must be notified in writing of any changes in Board of Directors.

Date: _____ **Signature:** _____

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037 Phone: (408) 414-8100 Fax: (408) 414-8199

Sports Equipment Application

For multiple associations, make as many copies as required.

This application is for Sports Equipment Coverage. Buildings and food products are NOT covered under this policy.

EFFECTIVE DATE OF POLICY

--/--/---- - --/--/----

Conference Name: _____ President: _____

Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Deductible \$500.00

Rate: \$1.50 per every \$100 of coverage subject to a \$255.00 minimum premium.

Amount to be insured: _____ Premium \$ _____

Total Premium (.015x amount of equipment-or-\$255, whichever is greater).

List all items valued over \$1,000 with Serial Numbers (if equipment has serial number).

Attached additional sheet if necessary

<u>Equipment</u>	<u>Serial Number</u>	<u>Equipment</u>	<u>Serial Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete address where equipment is stored: _____

1.) Is equipment stored in a locked facility with either a deadbolt or external locking device? YES____ NO____

2.) Is there Burglar Alarms ____ Fire Alarms____ Automatic Sprinklers____ None____ (check all that apply)

Coverage is void if stored at a residence or in a vehicle

Directors & Officers Application

For multiple associations, make as many copies as required.

Conference Name: _____

Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EFFECTIVE DATE OF POLICY

--/--/---- - --/--/----

- 1.) Have any loss payments been made under any prior or current D&O or similar insurance? YES___ NO___
- 2.) Has any league person given written notice under the provisions of any prior D&O liability or similar insurance of circumstances which might give cause for a claim against any insured person(s)? YES___ NO___
- 3.) Are you aware of any circumstance which would afford valid grounds for any future claim(s) which would fall within the scope of this coverage? YES___ NO___

DECLARATION AND SIGNATURE: (Signature of Association President is Mandatory)

Although the signing of this application shall be the basis of the contract should a policy be issued, the company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Date: _____ Signature: _____

The cost of this policy is \$260.00
Deductible \$1,000

Additional Insured/Certificate Holder List

*Complete Address **MUST** be included for completion of certificate.

_____ Name of League, Chapter or Association	_____ Name of League, Chapter or Association
_____ Certificate Holder	_____ Certificate Holder
_____ Address	_____ Address
_____ City, State & Zip Code	_____ City, State & Zip Code
_____ Name of League, Chapter or Association	_____ Name of League, Chapter or Association
_____ Certificate Holder	_____ Certificate Holder
_____ Address	_____ Address
_____ City, State & Zip Code	_____ City, State & Zip Code
_____ Name of League, Chapter or Association	_____ Name of League, Chapter or Association
_____ Certificate Holder	_____ Certificate Holder
_____ Address	_____ Address
_____ City, State & Zip Code	_____ City, State & Zip Code
_____ Name of League, Chapter or Association	_____ Name of League, Chapter or Association
_____ Certificate Holder	_____ Certificate Holder
_____ Address	_____ Address
_____ City, State & Zip Code	_____ City, State & Zip Code
_____ Name of League, Chapter or Association	_____ Name of League, Chapter or Association
_____ Certificate Holder	_____ Certificate Holder
_____ Address	_____ Address
_____ City, State & Zip Code	_____ City, State & Zip Code

➤ ***Attach additional list of certificate holders when necessary.***

E-Check Payment Option:

**Please fill out section below and attach a voided check in the space provided.
Do NOT mail in check.**

I, _____ authorize Gagliardi Insurance Services, Inc. to charge my account in the amount of \$_____ for insurance premium.

My account information is as follows:

Bank Name: _____

Bank Account Type: _____ (Checking, Savings, Business Check)

Bank ABA Routing Number: _____

Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I, _____, notify Gagliardi Insurance Services, Inc. of its cancellation by sending written notice either by email, fax, or mail.

Signature _____

Date _____

Printed Name _____

Attach Check Here