

Commercial Risk Group, Inc.

Sports Accident Medical/General Liability Enrollment Request

Named Insured _____

(to be shown on policy declarations page)

Named Insured is: Individual Partnership Corporation Other: _____

Contact Person _____ Title _____ Phone _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Physical Address _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Please use additional sheet to list Activity Start & End Dates if more than one Activity is held.

Coverages Requested: Accident Medical General Liability Accident Medical & General Liability

TEAM / LEAGUE SPORTS:

Check Activity: League Team All Star Game/Tournament
 Coaches/Officials/Umpire Group Other _____

Sport / Activity	Age(s)	Number of Participants	Accident Medical Rate	Premium Calculation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Accident Medical Premium* Due: _____
 Policy Administration Fee \$25.00

Activity/Event	Age(s)	Number of Participants	General Liability Rate	Premium Calculation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total General Liability Premium* Due: _____
 Policy Administration Fee: _____
 Additional Insured Certificates Fee: _____
Total Premium* Due: _____

(Accident Medical + General Liability + Policy Administration Fee + Additional Insured Certificates)

* Please refer to the quote for Accident Medical and General Liability Minimum Premium amounts. Add the Fee for any Additional Insured Certificates. Minimum Premiums, Policy Fees & Additional Insured Certificate fees are non-refundable.

CAMPS / CLINICS:

Check Type: Day Camp/Clinic Overnight Camp/Clinic

Sport/Activity	Age(s)	Number of Participants	Accident Medical Rate	Number of Days/Nights	Premium Calculation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Accident Medical Premium* Due: _____
 Policy Administration Fee \$25.00

Sport/Activity	Age(s)	Number of Participants	General Liability Rate	Number of Days/Nights	Premium Calculation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total General Liability Premium* Due: _____
 Additional Insured Certificates Fee: _____
Total Premium* Due: _____

(Accident Medical + General Liability + Policy Administration Fee + Additional Insured Certificates)

* Please refer to the quote for Accident Medical and General Liability Minimum Premium amounts. Add the Fee for any Additional Insured Certificates. Minimum Premium & Fee are Non-Refundable.

UNDERWRITING INFORMATION: All information below is required for policy issuance or quotation.

Number of sanctioned events: _____ Number of est. spectators for all events: _____
Adult counselor to camper ratio _____ Does your camp involve swimming pool or lake activities? _____
If so, are certified lifeguards in duty? _____ Do you require participants and volunteers to sign waivers? _____
Are coaches certified? _____ Provide details _____
Do you provide employee/volunteer training and certification? _____ Provide details _____
Do you have procedures for screening employees/coaches/volunteers before hiring? _____ Provide details _____

Have there been any state and local health department laws and licensing violations within the past three years at the facilities you utilize? _____. If you provide services to minors, do you have written procedures for child release? _____ Provide details _____

Do you have a written contract with the facilities you utilize? _____ If yes, provide copy.

Are you contractually obligated to name any organization as additional insured? If so, complete the following:

<u>Additional Insured Name (additional fee charged)</u>	<u>Complete Address</u>	<u>Relationship to you</u>

NOTE: If the named insured owns the premises/facility the general liability coverage applies to athletic participants/attendees/spectators only. It is our suggestion that a separate general liability policy be purchased to provide the premises coverage. Also, the general liability policy does not provide coverage for contents, equipment or other misc. items. A separate policy should be obtained to insure these items.

Prior Insurance Information: Provide minimum three years information.

<u>Year</u>	<u>Company</u>	<u>Type of Claim</u>	<u>Claim Amount</u>

▶▶▶ A copy of your facility contracts, waiver, and loss information are required to underwrite this risk. Please provide copies when submitting your enrollment request. ◀◀◀

Make Check Payable & Mail to: Commercial Risk Group, Inc.
1700 W. Albany, Suite 200
Broken Arrow, OK 74012

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. COVERAGE IS SUBJECT TO INSURANCE COMPANY APPROVAL.

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. **Premium must be in the office shown above within 72 hours of binding coverage. Minimum Premium and Policy Fee are Fully Earned and Non-Refundable.**

Authorized Signature _____ **Date** _____
Printed Name _____ **Title** _____

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: Commercial Risk Group, Inc. License Number: _____
Agent Name (Printed): _____ Agent Address: 1700 W. Albany, Suite 200
City, State, Zip: Broken Arrow, OK 74012 Phone Number: (918) 317-3200
Signature: _____ Date: _____
(Licensed Agent)
Email Address: _____ Proposal Number: _____