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SPORTS AND ATHLETIC ASSOCIATIONS, LEAGUES AND TEAMS SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION FOR

Name of Applicant: _____

1. Sport(s)/Activities to be insured:

Please provide schedule or calendar of games/competitions/practices: (attach separate form if necessary)

2. Please describe peripheral activities to be insured (e.g. fund raising, hosted competitions etc). Please include calendar of events

3. Are all member activities authorized under the auspices of the Association and duly sanctioned? Yes No

Please describe sanctioning process:

4. Please advise rules enforced governing play:

5. Are protective gear requirements enforced? Yes No

6. How are playing fields chosen and inspected to assure safety?

7. Please split receipts by:

Government grant(s) _____% Fees for service/membership _____% Donations _____% Fund raising _____%

