



ENTERTAINMENT
SPORTS
PROMOTION

League Insurance Application

Presented by the ESP Insurance Brokerage Team:

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Insurance Application

General Liability and Accident & Medical

REQUIRED GENERAL INFORMATION

Please complete all requested information to receive your insurance quote. Incomplete information will not be considered for quotes.

NAME OF ORGANIZATION

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

WHO REFERRED YOU TO ESP INSURANCE BROKERAGE

ORGANIZATION WEBSITE / SOCIAL MEDIA

EFFECTIVE DATE OF COVERAGE (full year insurance packages)

REQUIRED ORGANIZATION / TEAM INFORMATION

Please complete all requested information to receive your insurance quote. Incomplete information will not be considered for quotes.

Please Indicate Affiliation(s) Below

Heads Up Football

NFL Flag / Play 60 Member

Other / Pop Warner / AYP

Please Indicate Number of Teams

Tackle Teams

Rookie Tackle Teams

Flag Teams

7v7 (non nfl flag teams)

Cheer

Are you currently running or involved in other sports besides football?

YES

NO

DESCRIPTION OF COVERAGES

COVERAGES DISCRIPTIONS		REQUIRED OR OPTIONAL
GENERAL LIABILITY	3 rd party bodily injury and 3 rd property damage.	REQUIRED
ACCIDENT & HEALTH	Secondary excess medical coverage for youth participants (250K)	REQUIRED
ACCIDENT & HEALTH	Catastrophic excess emedical coverage for youth participants (1mil)	OPTIONAL
COACHES/VOLUNTEERS COVERAGE	Secondary excess medical coverage for the coaches/volunteers (\$100K Limit).	OPTIONAL
UMBRELLA LIABILITY	Adds an extra 1mil of coverage above the General Liability limit.	OPTIONAL
EQUIPMENT FLOATER/INLAND MARINE	Protects all league and team related equipment during course of play, during transport and/or offseason storage.	OPTIONAL
CRIME COVERAGE	Protects the organization from internal theft of league funds. We offer \$10,000 and \$25,000 limit structures.	OPTIONAL
HIRED NON-OWNED AUTO	Covers bodily injury and property damage caused by a vehicle you hire (including rented or borrowed vehicles) or caused by non-owned vehicles (vehicles owned by others, including vehicles owned by your employees).	OPTIONAL
WAIVER OF SUBROGATON	Is a contractual provision where one party agrees to limit the rights of its own insurance carrier.	OPTIONAL
PRIMARY NON CONTRIBUTORY	The Insureds policy must pay before other applicable policies (primary) and without seeking contribution from other policies that also claim to be primary (non-contributory)	OPTIONAL
MED PAY	Reimburses others, without regard to the insured's liability, for medical or funeral expenses incurred by such persons as a result of bodily injury (BI) or death sustained by accident under the conditions specified in the policy.	OPTIONAL
DIRECTORS & OFFICERS	Covers the board members personal assets in case of a lawsuit stemming from league malpractice.	OPTIONAL
EMPLOYERS PRACTICE LIABILITY (EPL)	Provides coverage to leagues against claims made by employees/volunteers alleging discrimination (based on sex, race, age or disability, as an example), wrongful termination, harassment and other employment-related issues, such as failure to promote.	OPTIONAL WITH DIRECTORS & OFFICERS COVERAGE ONLY
CYBER LIABILITY COVERAGE	Covers a League's liability for a data breach in which the firm's customers' personal information, such as Social Security or credit card numbers, is exposed or stolen by a hacker or other criminal who has gained access to the firm's electronic network. The policies cover a variety of expenses associated with data breaches, including: notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, and loss resulting from identity theft.	OPTIONAL WITH DIRECTORS & OFFICERS COVERAGE ONLY

SELECT REQUESTED LINES OF COVERAGE

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PLEASE CHECK YES OR NO BELOW

YES	NO	COVERAGES	REQUIRED / OPTIONAL			
		GENERAL LIABILITY	REQUIRED			
CHOOSE LIMIT OF LIABILITY BELOW			TACKLE GL COST	ROOKIE GL COST	FLAG GL COST	7V7 GL COST
		\$1,000,000 EACH OCC / \$1,000,00 AGGREGATE	\$98.00 PER TEAM	\$65.00 PER TEAM	\$32.00 PER TEAM	\$52.00 PER TEAM
		\$1,000,000 EACH OCC / \$2,000,00 AGGREGATE MOST POPULAR SELECTION	\$100.00 PER TEAM	\$67.00 PER TEAM	\$34.00 PER TEAM	\$55.00 PER TEAM
		\$1,000,000 EACH OCC / \$5,000,00 AGGREGATE	\$105.00 PER TEAM	\$69.00 PER TEAM	\$40.00 PER TEAM	\$61.00 PER TEAM
		ACCIDENT MEDICAL (PARTICIPANTS) \$250K LIMIT / \$250 DEDUCTIBLE	REQUIRED FOR TACKLE FOOTBALL ONLY			
		CATASTROPHIC MEDICAL (PARTICIPANTS) - \$1MIL LIMIT / \$250 DEDUCTIBLE	OPTIONAL FOR TACKLE FOOTBALL ONLY			
		ACCIDENT MEDICAL (COACHES / VOLUNTEERS) \$100K LIMIT /\$0 DEDUCTIBLE	OPTIONAL COST PER COACH/ VOLUNTEERS \$5.00			
		INLAND MARINE / EQUIPMENT	OPTIONAL			
\$		IF YES ABOVE PLEASE INDICATE APPROXIMATE TOTAL EQUIPMENT VALUE				
		CRIME PROTECTION: LIMIT SELECTION BELOW CHOOSE ONE	OPTIONAL			
		\$25,000 LIMIT / \$500 DEDUCTIBLE	OPTIONAL COST \$250.00			
		\$10,000 LIMIT / \$500 DEDUCTIBLE	OPTIONAL COST \$100.00			
		DIRECTOR & OFFICERS \$1,000,000 LIMIT	OPTIONAL APPROXIMATE COST \$500.00			
		EMPLOYMENT PRACTICE LIABILITY (EPL) \$1,000,000 LIMIT	OPTIONAL ONLY IF YOU SELECT D&O APPROXIMATE COST \$100.00 N/A IN CA & NY			
		CYBER LIABILITY \$100,000 LIMIT	OPTIONAL ONLY IF YOU SELECT D&O APPROXIMATE COST \$75.00 N/A IN CA & NY			
		UMBRELLA LIABILITY \$1,000,000 LIMIT	OPTIONAL COST \$1000.00			
		WAIVER OF SUBROGATION	OPTIONAL COST \$101.00			
		PRIMARY NON – CONTRIBUTORY	OPTIONAL COST \$152.00			
		MED PAY \$5000 LIMIT	OPTIONAL COST 10% OF GL PREMIUM			
		HIRED – NON OWNED AUTO \$1,000,000 CSL	OPTIONAL COST \$250.00			

REQUIRED QUESTIONNAIRE

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PLEASE CHECK YES OR NO		YES	NO
1.	Does your league require all coaches to be certified?		
2.	Do you follow Concussion Program protocols as outlined by the CDC?		
3.	Do you require a completed waiver from all parents/ guardians?		
4.	Are parents / guardians signature required to register minors?		
5.	Have you had any claims or losses over \$50,000 in the previous 5 years?		
SEXUAL ABUSE MOLESTATION COVERAGE QUESTIONS			
a.	Does your staff (paid and or volunteer) application include questions about whether the individual has been convicted of any Crime, including sex – related or child- abuse related offenses?		
b.	Does your state permit you to do criminal background investigations?		
c.	IF YES, do you routinely request and receive such background Investigations?		
d.	Do you verify employment-related references?		
e.	Do you have written procedures for dealing with sexual abuse?		
f.	Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?		
g.	Has your organization ever had an incident which resulted in an allegation of sexual Abuse? IF YES, DESCRIBE:		

REQUIRED PARTICIPANT INFORMATION

Please complete all requested information to receive your insurance quote. Incomplete fields will not be considered for quotes.

Tackle Football & Cheerleading Only	Number of Football Participants	Number of Cheerleaders
Ages 9 & Under		
Ages 10-12		
Ages 13-15		

Flag Football Only	Total Number of Participants
Ages 9 & Under	
Ages 10-12	
Ages 13-15	
Ages 15-17	

7 on 7 Football Only	Total Number of Participants
Ages 9 & Under	
Ages 10-12	
Ages 13-15	
Ages 15-18	

Coaches / Volunteers	Number of Coaches / Volunteers
Ages 18 and under	
Ages 18 and over	



Insurance Application

Directors & Officers

REQUIRED GENERAL INFORMATION

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NAME OF ORGANIZATION

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

LIMITS OF LIABILITY:

COVERAGE:

- Each Occurrence
- Retention
- Aggregate Limit
- Employers Practice Liability IF SELECTED
- Cyber Liability IF SELECTED

LIMIT(S):

\$1,000,000

\$1,000

\$1,000,000

\$1,000,000

\$100,000

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FAX NUMBER – 617-588-2385

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1.	Please provide the estimated total value of all assets for your organizations:	\$
2.	Please indicate if any changes have been made to your Board of Directors or Executive Team (not including death or retirement) in the past 24 months:	If YES, please describe:
3.	Does your organization require Employment Practices Liability Insurance (EPLI) if so please provide your annual payroll expenditure (s):	If YES how much?
4.	Has your organization given any waiver notice under the provisions of prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying of this insurance?	If YES, please describe:
5.	Is the applicant aware of any facts or circumstance which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages	If YES, please describe:

FRAUD STATEMENT NOTICE

NOTICE TO APPLICANTS: “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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NAME AND TITLE

INSURED SIGNATURE

DATE
