



FRAZIER INSURANCE AGENCY, INC.

SPECIALTY BROKERS

Sports Insurance Application

Please note

- Complete the application as fully as possible to ensure an accurate quote
- If you have any questions, please contact our offices at (804) 754-7610

Insured's Contact Information

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Insured Information

Named Insured: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____

Website (If Available): _____

Form of Business: Individual

Corporation

Joint Venture

Limited Liability Company

Limited Liability Partnership

Partnership

Other: _____

Number of Employees/Volunteers: _____

Event Location(s)/Address(es): _____

General Information

Requested Coverage Dates: From ___/___/___ to ___/___/___

E-Mail: ifrazier@frazierinsurance.com • Web: www.frazierinsurance.com

Location: 1602 Rolling Hills, Suite 104, Richmond, VA 23229 • 804-754-7610 • Fax: 804-754 7613

Mailing: P.O. Box 1250, Midlothian, VA 23113-1250

Event Type: _____

Name of Event: _____

Description of Sport/Activity:

Level (Please check one): Amateur College Professional

Coaches/Volunteers/Board Members: _____

Total number of registered participants: 12&Under: _____ 13-15: _____

(Please enter a number for each age range) 16-19: _____ 20+: _____

Will participants be taking more than one lesson? YES NO

 If yes, average number of lessons per participant: _____

Will participants stay overnight? YES NO

Does the organization hold any Non-Athletic Participant fundraising activities? YES NO

 If yes, please provide a description: _____

What type of security will you be using?

- _____ None
- _____ Off-Duty Police
- _____ Police
- _____ Private Armed
- _____ Private Armed and Police
- _____ Private Armed and Unarmed
- _____ Private Unarmed
- _____ Private Unarmed and Police

Maximum number of spectators at any individual event or location: _____

Estimated Gross Receipts: \$ _____

Desired Accident Medical Deductible:

_____ \$100

_____ \$250

_____ \$500

_____ \$1,000

_____ \$2,500

_____ \$5,000

Desired Accident Medical Benefit (\$25,000 is standard. Higher limits result in a higher premium)

_____ \$25,000

_____ \$50,000

_____ \$100,000

Will you be using any pyrotechnics, or use of mechanical devises that will be ridden (excluding sporting equipment)? YES NO

If YES, please explain: _____

Does any volunteer, owner, coach, or official have a criminal record, or has ever had a criminal record? YES NO

Have you had any claims in the past five (5) years? YES NO

Have you ever filed for bankruptcy? YES NO

Have you ever had insurance cancelled, or non-renewed for any reason? YES NO

Does the applicant use a waiver and release? YES NO

If NO, please explain: _____

Additional Insured

Please complete the table below for all additional insureds needed

Name	
Physical Location/Address	
City	
State/Province	
Zip/Postal Code	
Contact Name	
Phone	

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Email	
Type of Business	

Name	
Physical Location/Address	
City	
State/Province	
Zip/Postal Code	
Contact Name	
Phone	
Email	
Type of Business	

Name	
Physical Location/Address	
City	
State/Province	
Zip/Postal Code	
Contact Name	
Phone	
Email	
Type of Business	

Optional Coverages (Additional Premium will apply)

Abuse/Molestation Coverage (Optional) – Additional Premium Fully Earned at Policy Inception

<input type="checkbox"/>	Not Required
<input type="checkbox"/>	\$50,000/\$100,000
<input type="checkbox"/>	\$100,000/\$500,000
<input type="checkbox"/>	\$1,000,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$2,000,000

Excess Liability Coverage – Please check box to the left

Follow-form Excess Liability Coverage with the following Per Occurrence / Aggregate limit can be added for an additional premium as indicated below:

<input type="checkbox"/>	Not Required	Total liability coverage amount \$1M/\$3M
<input type="checkbox"/>	\$1,000,000/\$1,000,000	Total liability coverage amount \$2M/\$4M
<input type="checkbox"/>	\$2,000,000/\$2,000,000	Total liability coverage amount \$3M/\$5M
<input type="checkbox"/>	\$3,000,000/\$3,000,000	Total liability coverage amount \$4M/\$6M
<input type="checkbox"/>	\$4,000,000/\$4,000,000	Total liability coverage amount \$5M/\$7M
<input type="checkbox"/>	\$5,000,000/\$5,000,000	Total liability coverage amount \$6M/\$8M

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Hired/Non Owned Auto Liability Coverage (Optional)

\$1,000,000 Hired/Non Owned Auto Liability Coverage can be added for an additional premium/taxes/fess

	Not Required	
	\$1,000,000	Total Auto liability coverage of \$1M

Questions 1-19 below only apply if Hired/Non Owned Auto Liability Coverage is being requested

1. What is the estimated cost of hire? _____
2. Federal Employer Identification Number (FEIN): _____
3. Describe fully all operations conducted by you which involve the use of automobile (passenger carrying or otherwise): _____

4. Is a safety belt use policy in place for all passengers? _____
5. What is the average number of days per week that each vehicle is operated? _____
6. What is the average number of hours per day that each driver drives one or more of the vehicles? _____
7. What percentage of driving is night driving? _____
8. What evidence of auto insurance does your organization required from employees/volunteers using their personal autos? _____

9. Is a bus being chartered? YES NO
10. Are any children being transported in vans or buses? YES NO
11. Are the drivers employees? YES NO
12. Are the drivers volunteers? YES NO
13. Are the drivers parents? YES NO
14. Are the drivers coaches? YES NO
15. Does the applicant have a formal written policy that addresses acceptable business use of personal vehicles? YES NO
16. Does the applicant check MVR's (motor vehicle records) and apply disciplinary procedures for unacceptable MVR's? YES NO
17. Is there a verification procedure for personal auto coverage and personal use reimbursement? YES NO
18. Does the applicant have a driver safety program? YES NO
19. Do employees and/or officers and partners lease or rent autos on the applicant's behalf? YES NO

Do you provide virtual online training/coaching/instruction? YES NO

Liquor Liability (Optional)

Are you selling alcohol? YES NO

Will you be using a third party catering service? YES NO

If YES, please answer all of the below questions

- Name on liquor license: _____

- Liquor license number: _____
- Class of license: _____
- Type of facility of event where liquor will be sold: _____
- Number of event days coverage is required opening and closing hours of event(s) opening and closing hours of liquor sales: _____
- Has the applicant's liquor license ever been revoked or suspended? YES NO
- Has applicant incurred claims for liquor liability during the last 3 years? YES NO
- Has any insurer cancelled or non-renewed coverage during the last 3 years? YES NO
- Has applicant ever been fined by an alcoholic beverage control or other governmental regulator? YES NO
- Types of alcoholic beverages sold: _____
- Liquor Sales: \$ _____
- Food Sales: \$ _____
- Are patrons allowed to carry alcoholic beverages on the premises? YES NO
- Do you exercise the right of search and seizure of contraband items? YES NO
- Do you maintain security personnel? YES NO
- Are the alcohol sales and consumption contained within one fixed site? YES NO
- Are booths/stands scattered throughout the event site? YES NO
- Number of servers used? _____
 - # of professionals: _____
 - # of volunteers: _____
- Do the servers receive any type of alcohol awareness training? YES NO
- Explain how ID's are checked: _____

- Are uniformed police officers present at the site of alcohol sales? YES NO
- Are private security present? YES NO
- Are undercover police officers present? YES NO
- Are rules and regulations clearly displayed for patrons viewing? YES NO
- Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? YES NO
- Is there any type of designated driver program? YES NO

DECLARATION

To the best of my knowledge and belief all statements made in the Application for Insurance are true. Agreeing electronically to this document does not bind the Applicant to purchase the insurance, but it is agreed that this Application shall be the basis of the contract, should a policy be issued.

_____ I Agree