

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

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| Proposed First Named Insured And Other Named Insureds: | Today's Date: (mm/dd/yyyy): |
| Mailing Address: | |
| Telephone Number: | Web Address: |
| Proposed Effective Date (mm/dd/yyyy): | Proposed Expiration Date (mm/dd/yyyy): |

ORGANIZED ATHLETIC PROGRAMS AND MANAGEMENT INFORMATION

1. Check any organized athletic programs offered:

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| <input type="checkbox"/> Football | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Hockey (including Ice, Field, and Inline) | <input type="checkbox"/> Cheerleading (involving Aerial Acrobatics) |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Boxing |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Rugby |

2. Have you discontinued any athletic programs in the past 5 years? Yes No
 If yes, explain reason for discontinuing: _____

3. Do you have a formal, written concussion management program in place for all athletic programs? Yes No
 If yes, answer all of the following:
 - a. When was it implemented? _____
 - b. Is it consistently implemented and enforced for all athletic programs identified above? Yes No
 - c. Does it inform athletes and parents on the:
 - i. Risks of concussions? Yes No
 - ii. Symptoms of concussions? Yes No
 - iii. Potential consequences of concussions over time and if not treated properly? Yes No
 - iv. General prevention and preparedness efforts to keep athletes safe? Yes No
 - d. Does it require athletes and/or parents to sign a concussion injury information sheet? Yes No
 - e. Does it have an action plan that includes immediately removing the athlete from play or practice? ... Yes No
 - f. Does it require that you keep an athlete out of play or practice until they provide written clearance from a licensed medical professional? Yes No
 - g. Does it mandate training for sports administrators, coaches, medical personnel, trainers, and other staff on the field? Yes No
 - h. Does it require baseline testing to aid in concussion management? Yes No
 - i. Does it comply with statutory requirements and any association bylaws (i.e. NCAA, NFHS), if applicable? Yes No

4. Do you require all athletic participants to carry and acknowledge that they maintain Accident & Health insurance? Yes No

5. Do you require consent and acknowledgment of risk of injury forms and waivers to be signed by athletes and/or parents annually? Yes No
6. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin participating?..... Yes No
7. Do you have a formal equipment and athletic facility inspection and maintenance protocol in place? Yes No

OTHER ATHLETIC ACTIVITIES INFORMATION

8. Are club/intramural sports available?
If yes, answer all of the following:
 - a. Identify all programs: _____
 - b. Do you establish supervision and rules governing club or intramural sports?..... Yes No
 - c. Do you require all club/intramural participants to sign standard written waivers? Yes No
 - d. Do you require all club/intramural participants to carry Accident & Health insurance? Yes No
9. Are any sports programs or camps available to the general public or other outside parties held at your facilities? Yes No
If yes, answer all of the following:
 - a. Identify all programs/camps: _____
 - b. Are any of these sports programs or camps operated by third parties? Yes No
 - i. Do you require those third parties to provide a Certificate of Insurance showing liability insurance, including coverage for athletic participants, with limits of at least \$1,000,000? Yes No
 - ii. Do you require third parties to name you as an additional insured in a contract or written agreement?..... Yes No

Note: For additional information pertaining to concussion prevention, identification and management, refer to any of the various resources available on this topic – including, but not limited to, The Centers for Disease Control and Prevention (CDC) and others listed in the Travelers Risk Control eGuide “Athletic Programs: Playing It Safe”.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSURED), OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

AUTO INSURED IN NEW YORK: 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, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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| SIGNATURES |
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Producer information only required in Florida and Iowa.

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|---|---|----------------------|
| Authorized Representative Signature*: X | Authorized Representative Name - Printed | Date (mm/dd/yyyy): |
| Producer Signature*: X | State Producer License No (required in FL): | Date (mm/dd/yyyy): |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

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| ADDITIONAL INFORMATION |
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This area may be used to provide additional information to any question. Please reference the question number.