

## Supplement for Sporting Events

Number of Clubs: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_ Number of Coaches: \_\_\_\_\_

Number of Officials: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Anticipated Age Range:      0 -18       19 – 35       35 – 50       50+

Is the event sanctioned?      Yes       No

If yes, which association? \_\_\_\_\_

Is the event taking place;      Inside       Outside       Both

Distance between spectators and participants? \_\_\_\_\_  
(Please attach site plan/diagram where appropriate)

Type of barriers between crowd and participants? \_\_\_\_\_

Is any of the equipment used non-approved or non-standard? \_\_\_\_\_

Do you want injury to participants coverage, if available? Yes       No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Broker: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

**Note – coverage cannot be bound until quoted by Leaders Insurance**