

Youth Sports Event Cancellation

<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Complete all relevant sections. 2. App must be signed and dated by corporate officer no earlier than 90 days before effective date of coverage. 3. Read the statements at the end of the application carefully. 	<p>ADDITIONAL INFO REQUIRED:</p> <ol style="list-style-type: none"> 1. Please provide copy of event budgets. 2. Please provide copy of refund policy.
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SECTION I: GENERAL INFORMATION

Event Organizer Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____ County: _____
 Website: _____ Contact Name: _____
 Contact Phone #: _____ Contact Email Address: _____

SECTION II: COVERAGE INFORMATION

Deductible Options:
 a) No Deductible: _____
 b) 25%: _____
 c) Please price both ways: _____

What do you want to insure?
 a) Net Loss Only: _____
 (Protects the insured against irrevocable expenses incurred because of rescheduling and/or cancellation of a scheduled event but not their budgeted profit.)
 b) Net Profit Only: _____
 (Protects the insured's budgeted profit if a scheduled event is rescheduled and/or cancelled but will not cover irrevocable expenses.)
 c) Both Net Loss & Net Profit: _____
 (Covers a & b above)

SECTION III: EVENT DETAILS

Event 1
 Event Name: _____

Event Type:
 a) Tournament: _____
 b) Camp: _____
 c) League: _____
 d) Other: _____
 (If "other" please clarify in space provided in option "d")

Sport Type:
 a) Soccer: _____
 b) Baseball: _____
 c) Lacrosse: _____
 d) Other: _____
 (If other please specify in space provided in "d")
 Expected Gross Revenue: _____
 Budgeted Expenses: _____
 Number of Guaranteed Games or Sessions: _____



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Is there a contingency plan: _____

- a) Does this plan include use of indoor fields?
- b) Does this plan include use of alternative outdoor venues or fields?
- c) Does this plan include the ability to reschedule?
 - i. No _____
 - ii. Within 14 days _____
 - iii. 15 days or more _____
 - iv. Does this plan include shortening games, condensing the schedule etc? Yes ___ No ___

What is the scheduled start date for Event? ___/___/___

What is the scheduled end date for Event? ___/___/___

Has this event been held before? Yes ___ No ___

If yes, how many years has this event been held? _____

Has this event sustained any losses or damages resulting from a partial or full cancellation? Yes ___ No ___

- a) Years of Loss? _____
- b) What was the cause of loss? _____
- c) What was the total loss amount? _____

Does this event have a refund policy? _____

- a) What is the refund policy? _____
(Please attach a copy as well)

Event Venue Information

Venue 1 Name: _____
 Address : _____ City/Town : _____ State/Region/Province _____
 Zip code: _____ Country: _____
 Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
 This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
 Number of Turf Fields used at Venue? _____ Number of Grass Fields used at Venue? _____

Venue 2 Name: _____
 Address : _____ City/Town : _____ State/Region/Province _____
 Zip code: _____ Country: _____
 Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
 This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
 Number of Turf Fields used at Venue? _____ Number of Grass Fields used at Venue? _____

Venue 3 Name: _____
 Address : _____ City/Town : _____ State/Region/Province _____
 Zip code: _____ Country: _____
 Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
 This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
 Number of Turf Fields used at Venue? _____ Number of Grass Fields used at Venue? _____



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Venue 4 Name: _____
Address : _____ City/Town : _____ State/Region/Province _____
Zip code: _____ Country: _____
Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
Number of Turf Fields used at Venue? _____ Number of Grass Fields used at Venue? _____

Venue 5 Name: _____
Address : _____ City/Town : _____ State/Region/Province _____
Zip code: _____ Country: _____
Venue Type: a) Indoor _____ b) Outdoor _____ c) Multi-use Facility _____
This Venue is: a) Public _____ b) Privately Owned _____ c) Unknown _____
Number of Turf Fields used at Venue? _____ Number of Grass Fields used at Venue? _____

ADDITIONAL COMMENTS OR NOTES:

SECTION V: NOTICES AND REPRESENTATIONS

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE (CORPORATE OFFICER) OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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Applicants Name (Print): _____

Applicants Signature: _____

Date: _____

Insurance Broker Name (Print): _____

Insurance Broker Signature: _____

Date: _____

Agency Name: _____