



Dallas
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hullandco-texas.com

Soccer League General Liability Application

| |
|--------------------------------|
| Applicant's Name _____ |
| Mailing Address _____ _____ |

| |
|------------------------|
| Agent Name _____ |
| Address _____ _____ |

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

Applicant is:

- Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

| | | |
|---|------------------|------------|
| General Aggregate | \$ | |
| Products & Completed Operations Aggregate | \$ | |
| Personal & Advertising Injury | \$ | |
| Each Occurrence | \$ | |
| Fire Damage (any one fire) | \$ | |
| Professional Liability | \$ | Each Claim |
| (\$500,000/Claim, \$500,000/Aggregate maximum available limit) | \$ | Aggregate |
| Sexual and/or Physical Abuse | \$ | Each Claim |
| (\$500,000/Claim, \$500,000/Aggregate maximum available limit) | \$ | Aggregate |
| Participant Liability | \$ | Occurrence |
| (\$500,000/Occurrence, \$500,000/Aggregate maximum available limit) | \$ | Aggregate |
| Medical Expense (any one person) | \$ Not Available | |

LOCATION OF OPERATIONS

| Street Address and City | State |
|---|-------|
| 1. <input type="checkbox"/> Same as mailing address | |
| 2. | |
| 3. | |

1. Please indicate National Affiliation or Registration: _____

Do you follow their rules and guidelines? Yes No

2. Are signed liability waivers obtained from parents? Yes No

If yes, please attach a copy of the waiver used.

3. What fund-raising events do you sponsor? Bake sales Car washes Other (describe): _____

4. Are any games held in a foreign country or out of state? Yes No If yes, where? _____

5. Participant Accident Insurance information:

Company: _____

Plan medical expense maximum limit: \$ _____

Policy term: Effective _____ Expires _____

6. PLAYER INFORMATION

| | |
|---|---|
| SEASON #1 Begins ___ / ___ / ___ Ends ___ / ___ / ___ Number of games _____ | SEASON #2 Begins ___ / ___ / ___ Ends ___ / ___ / ___ Number of games _____ |
|---|---|

| Age Group | Number on #1 Rosters | Number of Teams | Number on #2 Rosters | Number of Teams | Total on #1 & #2 Rosters | X Rate | = Premium |
|-----------|----------------------|-----------------|----------------------|-----------------|--------------------------|--------------------------|-----------------|
| 7 & Under | | | | | | | |
| 8 – 9 | | | | | | | |
| 10 – 12 | | | | | | | |
| 13 – 15 | | | | | | | |
| 16 – 18 | | | | | | | |
| 19 & Over | | | | | | | |
| | | | | | Subtotal | Average Rate | Subtotal |
| | | | | | Add'l Insured | \$100 Each | |
| | | | | | Owned Fields | \$1,000 per Field | |
| | | | | | POLICY PREMIUM | | |

7. Are ages confirmed by birth certificate? Yes No If no, how are they confirmed? _____

8. Do you own any playing fields? Yes No If yes, how many? _____

9. What background and experience requirements do you have for your coaching staff? _____

10. During the past three years, has any company ever canceled, declined, or refused to issue General Liability insurance to the applicant? (Not applicable in Missouri.)

Yes No If yes, please explain: _____

PRIOR INSURANCE HISTORY See loss run attached

| Year | Company | Policy No. | Premium | Paid Losses | Reserved Losses | Loss Description |
|------|---------|------------|---------|-------------|-----------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ADDITIONAL INSURED INFORMATION

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and that stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT:

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."