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## 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  
                         % Limited Liability Company

% Partnership    % Joint Venture  
% 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

<b>SEASON #1</b>	<b>SEASON #2</b>
Begins ____/____/____	Begins ____/____/____
Ends ____/____/____	Ends ____/____/____
Number of games _____	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							
					<b>Subtotal</b>	<b>Average Rate</b>	<b>Subtotal</b>
					<b>Add'l Insured</b>	<b>\$100 Each</b>	
					<b>Owned Fields</b>	<b>\$1,000 per Field</b>	
					<b>POLICY PREMIUM</b>		

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."