

**RENEWAL APPLICATION**

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| **Please complete the Renewal Application IN FULL and forward in a timely manner:****Please note if you select D&O coverage please complete the separate application.** |

**REQUIRED LEAGUE INFORMATION**

Team/League Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FEIN TAX Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

League Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE Current Number of Teams: Tackle\_\_\_\_\_\_ Flag\_\_\_\_\_\_ 7 on 7 \_\_\_\_\_\_ Cheer\_\_\_\_\_\_

LIST OTHER SPORTS IF YOU WOULD LIKE A QUOTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CIRCLE Requested Lines of Coverage: General Liability Accident & Health Equipment Floater Director & Officers EPL Cyber Liability Crime\_

PLEASE INDICATE Equipment Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CIRCLE Requested Limits: $1,000,000/$1,000,000 $1,000,000/$2,000,000 $1,000,000/$5,000,000\_\_\_\_

OPTIONAL CATASTROPHIC ACCIDENT MEDICAL EXPENSE BENEFIT ($1,000,000 MAX)

Are you interested in the Optional Catastrophic Insurance? Yes No

PLEASE CIRCLE League Affiliation: USA Football NFL Flag/Play 60 Heads Up Football None

**REQUIRED PARTICIPANT INFORMATION - SPECIFIC TO ACCIDENT AND HEALTH COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TACKLE -CHEER – TOTAL PARTICIPANTS** | **CURRENT TOTAL PARTICIPANTS** |  |  |  |  |
| Ages 9 & Under: |  |  |  |  |  |
| Ages 12 -10 YEAR OLDS |  |  |  |  |  |
| Ages 15 -13 YEAR OLDS |  |  |  |  |  |
| **FLAG TOTAL PARTICIPANTS ONLY** | **CURRENT TOTAL PARTICIPANTS** |  |  |  |  |
| Ages 9 & Under: |  |  |  |  |  |
| Ages 12 -10 YEAR OLDS |  |  |  |  |  |
| Ages 15 -13 YEAR OLDS |  |  |  |  |  |
| **ALL OTHER SPORTS ONLY** | **CURRENT TOTAL PARTICIPANTS** | **LIST SPORT BELOW** | **LIST SPORT BELOW** | **LIST SPORT BELOW** | **LIST SPORT BELOW** |
|  |  |  |  |  |  |
| Ages 9 & Under: |  |  |  |  |  |
| Ages 12 -10 YEAR OLDS |  |  |  |  |  |
| Ages 15 -13 YEAR OLDS |  |  |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**