

JBL Trinity Group, Ltd.

17 State St., 16th Floor, New York, NY 10004

Phone: 1-800-925-7465 Fax 1-212-269-6611

JBL Trinity West, Ltd.

17 State St., 16th Floor, New York, NY 10004

Phone: 1-888-302-6330 Fax 1-405-216-8228

SPORTS GENERAL LIABILITY APPLICATION OCCURRENCE POLICY

In order to enhance the stability of the program, our sports liability program for members has been organized as a purchasing group located and domiciled in the State of Illinois pursuant to legislation enacted by congress known as the Federal Liability Risk Retention Act of 1986. Coverage will be provided to the purchasing group by Chicago Insurance Company or Interstate Fire & Casualty Company. Receipt of a completed application and deposit premium and acceptance and confirmation by the underwriting office will entitle you to immediate membership in the Sports Association Purchasing Group's -- Master Policy Number GL2-3000101.

Date of Application

Proposed Effective Date

Expiration Date

Applicant:

Name of Insured

Previous Policy Number

Mailing Address

City

State

ZIP

Name of Contact

Phone Number/Fax (including area code)

Limits of Liability:

\$1,000,000 - Each Occurrence

\$2,000,000 - Aggregate

Type of Operation (circle one):

Sports League

Sports Camp

Sports Tournament

Operations/Exposures:

Activity	Number of Participants	Rate Per Participant	Number of Days (Camps Only)	Total Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of Additional Insureds: _____

(Complete name and Address must be completed on the back of this application)

Administration Fee: _____ \$50.00

Does the applicant have underlying medical accident coverage?

Yes

No

Total Premium: _____

(Minimum Premium \$300 + \$50 fee)

If Yes, For What Limits (circle one):

\$5,000

\$10,000

\$25,000

\$100,000

\$250,000

Other: \$ _____

(must be greater than \$5,000)

The Named Insured warrants that accident insurance in the amount indicated above and specified in the declarations will be in full force and effect for each participant in any athletic program to be covered. If no underlying medical coverage is in force, injuries to athletic participants will be excluded.

Has Applicant incurred any prior losses? If so, explain details and amount paid:

Premises/Locations of Operations:

Additional Insureds: (Complete Name and Full Address Including ZIP Code is Required)

The Applicant Declares that to the best of their knowledge the information contained in the application is true and that no material facts have been suppressed or misstated. The Applicant Understands that incorrect or incomplete statements or information could void their protection.

The Applicant Understands that if this is a renewal application, that by signing this application they are authorizing JBL Trinity Group and MIC Insurance Brokerage to place this renewal on their behalf as agent of record.

Signature of Applicant

Date

Signature of Producer

Date

THIS IS NOT A BINDER OF COVERAGE

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Mail completed application and premium to:

**JBL Trinity Group, Ltd.
17 State Street, 16th Floor
New York, NY 10004**