



JBL Trinity Group, Ltd.

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

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

SOCCER INSURANCE PROGRAM

GENERAL LIABILITY APPLICATION

Application Date: _____ Proposed Effective Date: _____

Name of Insured: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Location Address: _____ City: _____ ST: _____ ZIP: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

Contact Name: _____

1. Will athletic participants coverage be required? Yes No If Yes, please answer the following questions:

(a) Will participants be covered by medical insurance? Yes No

Limits: _____

(b) Are waiver/ release forms required prior to play? Yes No

(c) Will guardians sign the waiver/release forms? Yes No

2. Are other coverages required? Yes No If Yes, please specify: _____

3. (a) Do you own the premises? Yes No (b) Are you the only tenant? Yes No

(c) Are you responsible for maintenance of: Parking Lot/Sidewalk? Yes No

Building? Yes No Heating, Plumbing, Electrical? Yes No

(d) Do you keep maintenance logs for the items for which you are responsible? Yes No

(e) Do you place your maintenance requests / complaints to landlord in writing? Yes No

(f) Have you performed any building or structural modifications? Yes No

(g) Who is responsible for maintaining the fields? _____

(h) Are the fields / facilities inspected prior to play? Yes No

(i) Are you responsible for snow removal from: Parking Lot/Sidewalk? Yes No

Roof: Yes No

4. Who is responsible for maintaining the fields? _____

5. Are the fields/facilities inspected prior to play? Yes No

6. Does the facility contain bleachers? Yes No If Yes, are they: Permanent or Portable

If Permanent, where are they installed? _____

(a) Are they inspected regularly? Yes No

(b) What is the construction of the bleachers? _____

7. Is alcohol permitted in the spectator area? Yes No

8. Does the league require emergency medical personnel on site at each event? Yes No

How many miles to the nearest medical facility? _____ How long is the trip? _____

9. How long does the season last? _____ How many league events per year? _____
10. (a) What is the minimum/maximum number of participants per team? Min: _____ Max: _____
 (b) How many teams per league? _____
 (c) What is the age breakdown of participants? _____
 (d) Is the league co-ed? Yes No
11. Does the league impose written regulations with regard to alcohol and drugs? Yes No
12. How are the league participants transported to events? _____
 If buses are used, does the bus company provide a certificate of insurance? Yes No
13. What safety gear does the league require? Shin guards Mouthguards Hip, Tail, Thigh, Knee Pads
 Other, please specify: _____
 Are spikes or cleats permitted? Yes No
14. Is the league / association under the jurisdiction of a governing body? Yes No
 (a) Please name the governing body: _____
 (b) Is this national regional or local governing body?
 (c) Is every league within this body required to provide liability insurance? Yes No
15. Does the league sponsor camps? Yes No Overnight? Yes No
16. Does the association impose a code of conduct for the coaches? Yes No If Yes, attach a copy.
17. Are the coaches Paid or Volunteer
18. Is there a written policy with regard to hiring of coaches? Yes No If Yes, attach a copy.
19. Please attach the following information to this application:
 Currently-valued, hard-copy loss runs for the previous five years.
 Copies of written regulations to which the Association adheres
 Brochures and Promotional Materials about the Association.
 Copy of expiring policy.
 Copies of written policy for the conduct of coaches.
 Copies of written policy for the hiring of coaches.

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of facts.

Applicable to New York Applicants: Warning – Any person who knowingly and with 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, which is a crime.

Authorized Representative: _____
 Title: _____ Date: _____
 Contact: _____
 Business Phone: (_____) _____ Home Phone: (_____) _____