

Amateur Youth Class Football/ Cheerleading 2007 Insurance Program



Name of League: _____

Insured # 5424

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Football/ Cheerleading Insurance Rates:

Accident/ Medical Expense					
Class	Age	# of Teams		Rate	Premium
Tackle	5-7	_____	X	\$87.00	_____
Tackle	7-10	_____	X	\$105.00	_____
Tackle	8-12	_____	X	\$149.00	_____
Tackle	10-15	_____	X	\$204.00	_____
Tackle	11-15	_____	X	\$271.00	_____
Unclassed Tackle	7-15	_____	X	\$301.00	_____
FLAG	5-15	_____	X	\$48.00	_____
				Total Med	_____
General Liability					
		# of Teams		Rate	Premium
Tackle		_____	X	\$98.00	_____
FLAG		_____	X	\$30.00	_____
				**Total GL	_____ (A)
				(Minimum GL Premium \$300.00)	

(must total teams above)

Cheerleading with out Football Insurance Rates:

Accident/ Medical Expense				
	# of Squads		Rate	Premium
	_____	X	\$18.00	_____
General Liability				
	# of Squads		Rate	Premium **
	_____	X	\$98.00	_____ (B)

Total Med & GL: \$ _____ (C)

** State and local taxes apply

Please note: In FL, KY, NJ and WV you must add a state taxes to the liability premium.

- Not applicable
 Florida: 1%
 New Jersey: 1.6%
 West Virginia: 1%
 Kentucky: _____ % (see [Liability Tax Schedule](#) for your municipality)

(A + B) Total GL: \$ _____

[(A+B) * tax rate] State Taxes: \$ _____ (E)

Optional Coverages:

Increased Liability Limit (up to \$10,000,000) (Per \$1,000,000)	X	Total # of Teams & Squads _____ X (must equal same teams as above)	Rate \$21.00	Total _____
Catastrophic Accident/ Medical Expense (\$1,000,000) Football		Total # of Teams _____ X (must equal same teams as above)	\$37.50	_____
Cheerleading		Squads _____ X (must equal same teams as above)	\$50.00	_____
*Fidelity Bond (\$25,000)		Per Association _____ X	\$200.00	_____
*Directors & Officers		Per Association _____ X	\$275.00	_____
*Sports Equipment Floater		Limits _____ X (\$9,090 minimum coverage)	(Per \$100.00 in coverage) \$2.75	_____ (Minimum Premium \$250.00)
			Applicable State Taxes: _____	

D&O and Bond Applications Require original signatures

*All optional coverage applications must be received and signed before coverage can be bound

Total Optional Coverages: \$ _____ (D)

PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

(C + D + E+ applicable fees) Total Due: \$ _____

General Liability Coverage:

\$1,000,000	Each Occurrence Limit
\$1,000,000	Personal and Advertising Injury Limit
\$3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$3,000,000	Products/Completed Operations Aggregate Limit
\$ 100,000	Fire Damage Legal Liability (any one fire)
\$ 0	Medical Expense Limit (Any One Person)
\$1,000,000	Non Own and Hire Auto
\$1,000,000	Abuse & Molestation Coverage

Rate: \$98.00 per team (Minimum Premium of \$300.00 required on Liability)

Excess Liability Coverage:

\$1,000,000	Each Occurrence
\$1,000,000	Aggregate

Rate: \$21.00 per \$1,000,000 per team

Policy is Effective upon receipt of premium

Accident Medical Coverage:

\$ 100,000	Medical Maximum
\$ 5,000	AD&D Benefit
\$ 0	Deductible

Rates: \$ see above

Catastrophic Accident Medical Coverage:

\$ 1,000,000	Medical Maximum
\$ 100,000	Deductible

Rates: \$ 37.50 per Team (Football/ Cheerleading)
\$ 50.00 per Squad (Cheerleading without Football)

Policy Period: 07/15/07 to 7/15/08
***Terms of coverage start from date premium is received*

(See Policy for complete details)

Packaged Program

Prices are based on a packaged multi-line comprehensive program. Medical and General liability coverages are required. Alternations to the standard program are subject to underwriting and additional charges. Additional waivers may be required.

Directors & Officers Insurance Application

Insured#

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EFFECTIVE DATE OF POLICY July 15, 2007 to July 15, 2008

Have any loss payments been made under any prior or current Directors & Officers Liability Policy or similar insurance?

Yes ____ No ____

Has any league person given written notice under the provisions of any prior or current Directors & Officers Liability or similar insurance of circumstances which might give cause for a clam against any Insured Person(s)?

Yes ____ No ____

Are you aware of any circumstances, which would afford valid grounds for any future claim(s) which would fall within the scope of this coverage?

Yes ____ No ____

If the answer to any of the above questions is "yes" additional underwriting may be required.

DECLARATION AND SIGNATURE: (Signature of President is Mandatory)

The undersigned declares that to the best of his or her knowledge and believes that the statements set forth herein are true. Although the signing of this application and its attachments shall be the basis of the contract should a policy be issued. The company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Date: _____

Signature: _____

The cost of this policy is \$275.00
Policy Fee: \$45.00 (waived if part of a program)

PLEASE COMPLETE APPLICATION FULLY, ATTACH YOUR CHECK AND MAIL TO:

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037

Tel: (408)414-8100 Fax: (408)414-8199

Application for Sports Equipment Floater

Building or Food Products are not Covered under this Policy

Insured #

EFFECTIVE DATE OF POLICY August 1, 2007 to August 1, 2008

- 1) Name of League or Organization: _____
- 2) Contact: _____
- 3) Mailing Address: _____
- 4) Daytime Phone: () _____ Evening Phone: () _____

- 5) Rate: \$2.75 Per \$100.00 in coverage with \$250.00 Minimum Premium (\$9,090.00 in coverage)
Deductible: \$500.00

Please note: In FL, KY, NJ and WV you must add a state surcharge to the premium.

- Not applicable Florida: 1% New Jersey: 1.6% West Virginia: 1%
 Kentucky: _____% (see [Inland Marine Tax Schedule](#) for your municipality)

- a) Amount to be Insured: \$ _____
- b) Premium: (Amount insured x .0275 subject to min premium) \$ _____
- c) Applicable Taxes: (Premium x applicable tax rate) \$ _____
- d) Total Due: \$ _____

- 6) List all items valued over \$1,000.00 Individually, with serial numbers if possible (attached sheet if required)

- 7) Address(s) where equipment is stored:

- 8) Are there Burglar alarms? Yes No
- 9) Are there Fire alarms? Yes No
- 10) Are there Automatic Fire sprinklers? Yes No
- 11) Other Protection? (Explain) _____

<p><u>Property Covered:</u></p> <p>This policy covers unscheduled personal property owned by the league primarily of: 1) Sports Equipment 2) Snack Bar Equipment 3) Uniforms 4) Playing 5) Equipment</p>	<p><u>Property Not Covered:</u></p> <p>This policy does not cover: 1) Real property building of structures of any kind or description 2) Food supplies or products 3) Automobiles, Motor Trucks, Trailers 4) Motorcycles, Bicycles 5) Aircrafts 6) Watercraft 7) Money, Notes, and Securities 8) Television and Stereo Equipment 9) Any items stored at a residential location 10) Loss due to virus or bacteria 11) Limited wind/windstorm 12) Property in Louisiana</p>
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Items Are Covered On Actual Replacement Cost

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284 Digital Drive
Morgan Hill, CA 95037

Tel: (408)414-8100 Fax: (408)414-8199

Fidelity Bond Application

Insured#

This application is for a Fidelity Bond, which covers any Theft of Moneys from the League/Team. By completing this portion of the application you will receive a Fidelity Bond.

Amount of Bond: \$25,000.00 Each Loss
Deductible: \$ 250.00 Each Loss

EFFECTIVE DATE OF POLICY July 15, 2007 to July 15, 2008

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you sustained any employee dishonesty losses in the last six years? Yes _____ No _____

5 POSITIONS TO BE COVERED:

FULL NAME OF PERSON:

President	_____
Secretary	_____
Treasurer	_____
Concession Chairman	_____
Fund Raising Chairman	_____

This bond covers only those persons holding the "positions" designated while such person are engaged in activities sanctioned by National Youth Football. We must be notified in writing of any changes in Board of Directors.

Date: _____ **Signature:** _____

NOTE: This brochure is not a solicitation, but only a description of the insurance programs. The precise coverage afforded is subject to the terms, conditions of the policies as issued. Refer all questions to your insurance agent.

The cost of this policy is \$200.00

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Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037

Tel: (408)414-8100 Fax: (408)414-8199

Additional Insured Certificate List

*No additional insured certificates will be issued without **Complete Address**

Insured #

Name of League

Name of League

Certificate Holder

Certificate Holder

Address

Address

City, State & Zip Code

City, State & Zip Code

Name of League

Name of League

Certificate Holder

Certificate Holder

Address

Address

City, State & Zip Code

City, State & Zip Code

Name of League

Name of League

Certificate Holder

Certificate Holder

Address

Address

City, State & Zip Code

City, State & Zip Code

Credit Card Application

Yes, I want to expedite my order for \$100.

I authorize Gagliardi Insurance Services, Inc. to charge my premium payment to my credit card in the amount of \$_____

Visa Mastercard

Card Number: _____

Expiration Date: _____ CSV Number: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Expedited Service

Our standard process takes 7-10 business days. 72 hour expedited certificate service is available subject to underwriting and expediting fees of \$100.