Covers youth and adult sports leagues, clubs, travel teams, and tournaments. Facilities that host leagues use their own forms; leagues should also confirm field owners' insurance requirements. Complete with ACORD 125.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

SPORT(S)	GOVERNING BODY / AFFILIATION	NONPROFIT (Y / N)

2 OPERATIONS

PARTICIPANTS	PARTICIPANTS UNDER 18 (%)	COACHES / VOLUNTEERS	TOURNAMENTS HOSTED PER YEAR

Activities (check all that apply):
☐ Tackle football ☐ Hockey / lacrosse ☐ Soccer ☐ Baseball / softball ☐ Basketball / volleyball ☐ Wrestling / combat sports
☐ Travel teams ☐ Overnight tournaments

2-1 Does the league travel with minors to overnight tournaments? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the league own or maintain its own fields or facilities? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the league run adult leagues? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — YOUTH PROTECTION, CONCUSSIONS & HEAT

Youth sports run mostly on volunteers, making screening and training the first defense against abuse. Every state has a youth concussion law requiring removal from play and written clearance to return, and heat illness and cardiac arrest are the other severe risks.

3-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are coaches trained to recognize concussions and remove players until cleared in writing by a medical professional? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are parents and players given concussion information each season as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Is there a heat policy that adjusts or cancels practice based on heat index? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is an AED available at games and practices? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Is an adult trained in CPR/AED present at every game and practice? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Is there a lightning policy that stops play and moves players to shelter? ☐ Yes ☐ No
IF YES, EXPLAIN

3-12 Has a participant suffered a catastrophic injury or made an abuse allegation? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — FIELDS, TRAVEL & ADULT LEAGUES

4-1 Are fields and equipment inspected before games for holes, debris, and unanchored goals? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-1, are travel rules in place for rooming, chaperones, and driving? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are field-use agreements reviewed for the insurance and indemnity the owner requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-3, do adult players sign waivers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the league carry accident medical coverage for participants? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

REGISTRATION FEES ($)	TOURNAMENT RECEIPTS ($)	TOTAL PAYROLL (IF ANY) ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	D&O (BOARD) (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Does the league board review safety policies each year? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are incident reports completed after every injury? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE