



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

SCHOOL ATHLETICS SUPPLEMENTAL APPLICATION
 COMPLETE IN ADDITION TO ACORD APPLICATIONS.
 ATTACH ADDITIONAL SHEETS AS NECESSARY.
 ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:	
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure or marketing materials if a website is not available
- c) List of equipment available for client use

3)

What sports operations does your school engage in? Check all that apply:

- Sports Clubs
- Intramural Sports
- Extramural Sports (including Junior Varsity and Varsity)
- Marching Band and Color Guard/Flag Corps
- Compulsory Physical Education Class
- Elective Physical Education Class
- Faculty and Staff Sports Clubs
- Before/After School Gymnasium Access – Faculty and Staff
- Before/After School Gymnasium Access – Students

4)

What sports are offered at your school? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Football (flag or touch only) | <input type="checkbox"/> Football (tackle) | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Cheerleading (squad) | <input type="checkbox"/> Cheerleading (competition) | <input type="checkbox"/> Dance Team/Pep Squad |



- | | | |
|--|---|---|
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Roller Hockey or Derby | <input type="checkbox"/> Ice Hockey |
| <input type="checkbox"/> Rugby | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> High Dive | <input type="checkbox"/> Crew/Sailing |
| <input type="checkbox"/> Surfing | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Weightlifting/Power Lifting | <input type="checkbox"/> Cricket | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

- 5) Approximately how many students annually participate in:
- Club sports? _____
 - Intramural sports? _____
 - Extramural sports? _____
 - Compulsory PE classes? _____
 - Elective PE classes? _____
 - Marching band/Color Guard? _____
- 6) Is your school part of an organization that is a member of the National Federation of State High School Associations? Yes No
- a. If yes, what association, league, union, federation, etc. is your school a member of? _____
- 7) How many years has your school been open? _____
- a. If your school athletics program does not coincide with the above, what year did athletics begin? _____
- 8) Does the school run criminal background checks on all faculty and staff? Yes No
- a. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes No
- b. What is the minimum age for employment? _____
- 9) Is one or more staff members with CPR and First Aid certification on premise during the school day, during sports practices, and at all sporting events? Yes No
- 10) Are all sports participants required to sign a waiver absolving the school of all liability for bodily injury? Yes No
- a. Has this waiver been reviewed by an attorney? Yes No
- b. Are students or parents of minor students required to submit proof of medical insurance before participation in any athletic activities or sports outside of Physical Education (PE) class? Yes No
- 11) Is your school compliant with Title IX (Public Law 92-318 of the Education Amendments of 1972)? Yes No
- a. Has your school ever had a Title IX complaint? If yes, please attach details. Yes No
- b. If no to 11), is your school a single-sex institution? Yes No
- 12) Are try-outs for freshman and junior varsity extramurals open to all students? Yes No
- a. Are varsity squad try-outs open to all students? Yes No
- 13) Does participation in extramural sports require students to maintain a minimum grade point average (GPA)? Yes No
- a. If yes, what is the minimum? _____



- b. What is the penalty for failing to maintain this minimum? _____
- c. Are students permitted to take elective classes which are taught by their coach? Yes No
- 14) Do you record or photograph any players? Yes No
- a. If yes, is the player (or parent/guardian for minor children) informed they are being recorded? Yes No
- b. Is footage reviewed with or available to the player? Yes No
- 15) Do you permit professional league or collegiate recruiters or talent scouts at games/matches? Yes No
- a. If yes, are they permitted to record video or photograph? Yes No
- b. Are players or their parents/guardians informed in advance if they will be recorded or photographed? Yes No
- 16) If your school has marching band or color guard/flag corps, please complete the following:
- a. Does your marching band/color guard compete? Yes No
- b. Does your marching band/color guard have a mandatory overnight camp? Yes No
- c. If yes to b., are students of different genders housed separately from one another? Yes No
- d. Does your color guard have any fire spinning/twirling, blank or cap-firing rifle spinning, or other props that involve any flammable or explosive hazards? Yes No
- e. Does your marching band routine ever incorporate fireworks or pyrotechnics? Yes No
- 17) If your school has squad cheerleading, please complete the following:
- a. Do your cheerleaders perform stunts or tumbling? Yes No
- b. Are stunts performed at halftime or intermissions only? Yes No
- c. If no to b., is a spotter in place during all stunts to watch for errant balls or player collisions? Yes No
- d. Is stunt performance and tumbling limited to cheerleaders who are also on a competition cheerleading team or who have been cleared by a coach at practice? Yes No
- 18) For away games and sports requiring specialty facilities, are students transported from and back to campus by school bus? Yes No
- a. If no, does the school provide other transportation? Yes No
- 19) Are special facilities locations required in writing to indemnify you for any claims of bodily injury or property damage arising out of their negligence? Yes No

FACILITY DETAILS

- 20) What sports equipment and facilities does your school have? Check all that apply:
- | | | |
|--|---|--|
| <input type="checkbox"/> Lap Pool | <input type="checkbox"/> Diving Pool | <input type="checkbox"/> Outdoor Pool |
| <input type="checkbox"/> Weight Room | <input type="checkbox"/> Indoor Gymnasium | <input type="checkbox"/> Outdoor Gymnasium |
| <input type="checkbox"/> Equipment Shed/Room | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Outdoor Track |
- | | | | |
|--|--------------------------|----|--------------------------|
| | Permanent? | Or | Temporary? |
| <input type="checkbox"/> Football field (with goals) | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Soccer field (with goals) | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Baseball diamond | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Softball field | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Indoor Basketball Courts | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Outdoor Basketball Courts | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> | | <input type="checkbox"/> |



	Permanent?	Or	Temporary?
<input type="checkbox"/> Long Jump Pits	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Indoor Volleyball Courts	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Outdoor Volleyball Courts	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tennis Courts	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Wrestling Mats	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Hockey Field	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Ice Rink	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Gymnastics Floor	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Tumbling Mats	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Rugby Pitch	<input type="checkbox"/>		<input type="checkbox"/>

- a. If you have any pools, are lifeguards on duty at all times when the pool is in use? Yes No
- b. How are pools secured when they are closed? _____
- c. What is the maximum pool depth? _____
- d. How frequently is water pH checked? _____
- e. What type(s) of water sanitation is used? _____
- f. Is all applicable pool and spa equipment Virginia Graeme Baker Pool and Spa Safety Act compliant? Yes No
- g. Please provide copies of all warning signage posted around pool areas.
- h. How frequently do you inspect courts, fields, and equipment? _____
- i. If soccer or football goals are not permanently installed, how are they secured during use? _____

- 21) Do you have a locker room or showers available for student use? Yes No
- a. If yes, are students required to "dress out" for PE class? Yes No
- b. Are students required to shower after PE class? Yes No
- c. Is a teacher or coach of each gender on duty during all times where locker rooms or showers may be in use? Yes No
- d. How frequently are locker rooms sanitized? _____
- e. Are visitor school teams permitted to use the locker room/shower facilities? Yes No
- f. Do all showers and shower-adjacent areas have nonslip flooring or mats in place? Yes No

- 22) Do you host tournaments or championships in any sport? Yes No
- a. What is the maximum number of student athletes, coaches, and assistants from all attending schools that may be participating in a tournament? _____
- b. What is the average number of student athletes, coaches, and assistants that participate? _____
- c. What is the maximum number of spectators that attend? _____
- d. Do you ever host state level championship tournaments or games? Yes No

- 23) Do you operate any concession facilities? Yes No
- a. Are concessions operated by volunteers, parents, Booster clubs or other personnel not specifically trained in safe food handling? Yes No
- b. Do you sell alcohol? Yes No
- c. Do you allow for any non-concession retail operations (team merchandise, sundries, etc.)? Yes No

24) Describe the safeguards in place to protect spectators: _____



- 25) Do you provide any seating, bleachers, pavilions, etc. for spectators? Yes No
 a. If yes, please describe: _____
 b. How frequently are these amenities inspected? _____
- 26) Do you ever have pyrotechnics or fireworks displays at events? Yes No
- 27) Do you have a Booster Club facility or clubhouse? Yes No
 a. Do you provide alcohol to Booster Club members? Yes No
 b. Are Booster Club members permitted to consume BYOB alcohol in the clubhouse? Yes No

ACCOUNT HISTORY

- 28) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No
- 29) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

