



P.O. Box 1967
 Madison, MS 39130-1937
 Phone: 601-898-8464
 Toll Free: 800-844-0536
 Fax: 601-707-1037
 www.sportsfitness.com

YOUTH BASEBALL PROGRAM QUESTIONNAIRE

The Youth Baseball program provides General Liability and Accident Medical coverage for youth baseball and T-ball teams and leagues. Coverage is included for games, practices, tournament participation, tryouts, fundraisers, and official team or league functions. Coverage for Abuse and Molestation is included if the required background checks are completed. Coverage for field ownership, maintenance of playing fields and hosted tournaments is not provided. Optional Non-Owned and Hired Automobile coverage and Inland Marine coverage for sports equipment are also available.

POLICY INFORMATION

Policyholder Name:				
Policyholder Mailing Address:				
Policyholder Mailing	City:	State:	Zip:	
Desired Policy Effective Date:				
Contact Name:				
E-mail Address:				
Phone Number:				
Form of Organization:				
Website: (if applicable)				

UNDERWRITING INFORMATION

Has the facility had more than \$5,000 in claims within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you follow playing rules from an accredited organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an individual team or a league applying for itself and its member teams?	<input type="checkbox"/> Team	<input type="checkbox"/> League

PLEASE NOTE: In order to purchase coverage as a League and receive the League discount, ALL teams in the league must be insured through the FastCov Program.

Please enter the number of teams for each age range below. If the age range of your team's participants does not match up with the age ranges that are provided for rating, please choose the age range that includes the age of your oldest participant.

T-Ball	8 and Under	9 - 10	11- 12	13 - 14	15 - 16	17 - 18

COVERAGE ENHANCEMENTS

Would you like to add Non-Owned and Hired Automobile coverage for an additional \$500?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Fraud Notice:

“Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and civil penalties.”

Please check this box to confirm that you have read and agree to our fraud notice.

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

Date

Signature of Insured or Authorized Representative

Title

Send completed form to:

Sports & Fitness Insurance Corporation
Phone: (800) 844-0536
Fax: (601) 707-1037
E-mail: submissions@sportsfitness.com