



Supplement for Sporting Events

Number of Clubs: _____ Number of Athletes: _____ Number of Coaches: _____

Number of Officials: _____ Number of Volunteers: _____

Anticipated Age Range: 0 -18 19 – 35 35 – 50 50+

Is the event sanctioned? Yes No

If yes, which association? _____

Is the event taking place; Inside Outside Both

Distance between spectators and participants? _____
(Please attach site plan/diagram where appropriate)

Type of barriers between crowd and participants? _____

Is any of the equipment used non-approved or non-standard? _____

Do you want injury to participants coverage, if available? Yes No

Applicant's Signature: _____ Date: _____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Broker: _____

Fax: _____

Phone: _____

Note – coverage cannot be bound until quoted by Beacon