



## IMPORTANT NOTICE

EACH TEAM APPLYING FOR COVERAGE MUST BE A  
MEMBER OF

**AMERICAN YOUTH SPORTS ATHLETIC ASSOCIATION**

TO BE ELIGIBLE FOR THE INSURANCE RATES ON THE  
FOLLOWING PAGE

*For fast service fax completed membership form, insurance forms, and check to 770-978-2780 the check will be turned into a draft bearing the same number as your check, insurance effective date of fax or date on application if later.  
Mailed applications effective date received in esportsinsurance office or effective date on application if later than received.*







TERRY L. GREEN & ASSOCIATES  
SPORTS INSURANCE SPECIALISTS



## Proposal

**Name Insured:** AMERICAN YOUTH SPORTS ATHLETIC ASSOCIATION  
DBA

**Name of your team/league** \_\_\_\_\_

**Insurance Coverage:** Commercial General Liability (\$1,000,000)  
Medical Payment to Participants (\$25,000) \$250 Deductible  
*See coverage descriptions and limits for complete information.*

**Effective Dates:** **FAXED APPLICATIONS**  
**Coverage begins date application received by esportsinsurance by fax or date listed on application if date is later.**  
**MAILED APPLCIATIONS**  
**Effective date is date application received in esportsinsurance office or date on application if the date is later.**

**Insurer:** Ace American Insurance Company and AIG

**Conditions:**

1. Premium is fully earned at inception of policy.
2. To bind coverage, written confirmation of acceptance must be received and along with application of membership to American Youth Sports Athletic Association.
3. For the fastest service fax completed application, acceptance, AYSAA membership application, premium computation and copy of your check to 770-978-2780. The faxed check will be processed as a **DRAFT**. The draft will replace your check bearing the same number as the check. Or mail to 3100 Five Forks Trickum Road Lilburn GA 30047.
4. Coverage includes coaches, officials, participants, clubs, and anyone acting in a volunteer capacity on behalf of the team/league.
5. **Signed and dated application will be required if coverage is bound.**
6. Insurance applies only to specified activities select on application sponsored and directly supervised by the name insured.
7. Coverage for activities only applies to the sport selected and a premium has been paid.
8. Sexual abuse and molestation coverage is excluded.
9. Quotation is valid for 30 days.

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Terry Green

This proposal is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions.

### IMPORTANT REQUIREMENT

ACCEPTANCE:

This will serve as official notice of our intention to accept the insurance coverage as a member of AYSAA and in accordance with the conditions stated above and wish to bind coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Terry L. Green & Associates**  
**3100 Five Forks Trickum Rd., Ste. 101**  
**Lilburn, GA 30047**  
**678-344-9994 - 800-550-5029**  
[www.esportsinsurance.com](http://www.esportsinsurance.com)

## **AYSAA Insurance Application**

### **Section 1 – General Information**

Name of Insured/League: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Type:  Individual  Partnership  Limited Liability Company  Corp  Other

(Please explain) \_\_\_\_\_ Number of years in business \_\_\_\_\_

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### **Section II – Insurance Information**

Limit of Liability \$1,000,000/\$2,000,000      Accident Medical Limit \$25,000 Deductible \$250

Current Liability Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Current Accident Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Effective Date: Specific Date: \_\_\_\_\_ to January 1, 2009 12:01AM

Have you had any liability or accident claim in last 5 years?  Yes  No

If yes, please provide date, amount paid and brief description: \_\_\_\_\_

Which of the following sports does your organization offer – please check all that apply:

Type of Sport

Softball       Baseball       Basketball

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### **Section III – Underwriter Information**

1. Do you have a Release/Waiver on file for each student?  Yes  No

If so, are parents/guardians signatures required for minors?  Yes  No

**Signed waivers must be retained in order for participant liability to apply**

A signed waiver and release form is required by all participants or parents of minors. Coverage is contingent upon having procedures in place that require the signing of a valid release and waiver of liability by all participants or parents of participants if applicable. Participant Liability Coverage will not apply if this is not in place.

**MANDATORY FRAUD WARNING STATEMENTS BY STATE**

**ARKANSAS, LOUISIANA:**

“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.”

**VIRGINIA, TENNESSEE, MAINE:**

“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.”

**COLORADO:**

“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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

**DISTRICT OF COLUMBIA:**

“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.”

**FLORIDA:**

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

**KENTUCKY:**

“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.”

**NEW JERSEY:**

Insurance applications must contain this statement:

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

**NEW MEXICO:**

“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.”

**NEW YORK:**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false 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 five thousand dollars and the stated value of the claim for each such violation.”

**OHIO:**

“Any person who, with intent to defraud or knowing that he 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.”

**OKLAHOMA:**

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

**PENNSYLVANIA:**

Purpose of misleading “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 conceals for the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

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Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**WAIVER & RELEASE AGREEMENT**

IN CONSIDERATION OF \_\_\_\_\_ (Name of Minor Child/Ward), participating in any way in the American Youth Sports Athletic Association, Inc related events and activities, the undersigned acknowledges that the risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for **permanent disability and death**, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury will always exist. Realizing that risks cannot be eliminated, I agree to the following:

1) I, FOR MYSELF, SPOUSE, AND CHILD, AND TO THE GREATEST EXTENT ALLOWED BY LAW, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY TO MY CHILD, both known and unknown and, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below)** or others (including fellow players), and assume full responsibility for my child's participation; and,

2) My child/ward has been examined by his/her physician and has been approved to participate in the Program. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation in the Program or in the Program itself, I will remove my child from participation and bring such to the attention of the nearest Program official immediately; and,

3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** American Youth Sports Athletic Association its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program (referred to in this Agreement as "Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property arising out of or related to my child's involvement or participation in these Programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities arising out of or related incident to our involvement or participation in these Programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE BEEN ADVISED TO CONSULT AN ATTORNEY BEFORE SIGNING THIS AGREEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN NAME)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

Dated: \_\_\_\_\_