



National Youth Football 2008 Insurance Program

Name of League: _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Football/ Cheerleading Insurance Rates:

Accident/ Medical Expense

<u>Class</u>	<u>Age</u>	<u># of Teams</u>	<u>Rate</u>	<u>Premium</u>
Tackle	5-7	_____ X	\$78	_____
Tackle	7-10	_____ X	\$95	_____
Tackle	8-12	_____ X	\$134	_____
Tackle	10-15	_____ X	\$184	_____
FLAG	5-15	_____ X	\$43	_____
Deductible Options: \$0				
				Total Med _____ (A)

Accident Medical Coverage:

\$100,000 Medical Maximum
 \$25,000 AD&D Benefit
 \$0 Deductible

General Liability

	<u># of Teams</u>	<u>Rate</u>	<u>Premium</u>
Tackle	_____ X	\$91	_____
FLAG	_____ X	\$26	_____
			Total GL _____ (B)

(Must total teams above) (Minimum GL Premium \$250.00)

1 Cheer squad automatically covered with every football team coverage purchased.

General Liability Coverage:

UNLIMITED General Aggregate Limit (Other than Products-Completed Operations)
 \$1,000,000 Each Occurrence Limit
 \$1,000,000 Personal and Advertising Injury Limit
 \$3,000,000 Products/Completed Operations Aggregate Limit
 \$50,000 Fire Damage Legal Liability (any one fire)
 \$0 Medical Expense Limit (Any One Person)
 \$1,000,000 Non Own and Hire Auto
 \$1,000,000 Abuse & Molestation Coverage

Total Liability & Medical: \$ _____ (E)
 (A + B)



National Youth Cheer 2008 Insurance Program

Name of League: _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Cheerleading with out Football Insurance Rates:

Accident/ Medical Expense	Deductible Options: \$0	
# Of Squads _____ X	Rate \$16	Premium _____ (C)

Accident Medical Coverage:

- \$100,000 Medical Maximum
- \$25,000 AD&D Benefit
- \$0 Deductible

General Liability

# Of Squads _____ X	Rate \$91	Premium _____ (D)
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General Liability Coverage:

- UNLIMITED General Aggregate Limit (Other than Products-Completed Operations)
- \$1,000,000 Each Occurrence Limit
- \$1,000,000 Personal and Advertising Injury Limit
- \$3,000,000 Products/Completed Operations Aggregate Limit
- \$50,000 Fire Damage Legal Liability (any one fire)
- \$0 Medical Expense Limit (Any One Person)
- \$1,000,000 Non Owned and Hired Auto
- \$1,000,000 Abuse & Molestation Coverage

Cheerleading – maximum of 8 participants; \$2.50 per person beyond the 8 parts. Exclusions: Pyramids over 2 tiers.

Total Liability & Medical: \$ _____ (E)
(C + D)



Optional Coverage's:

Increased Liability Limit

(Up to \$5,000,000) _____ X (Per \$1,000,000)	Total # of Teams & Squads _____ X (Must equal same teams as above)	Rate \$17.00	Total _____ (F)
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Excess Liability Coverage:

\$1,000,000 Each Occurrence
\$1,000,000 Aggregate

Catastrophic Accident/ Medical Expense

(\$1,000,000) Football	Total # of Teams _____ X (Must equal same teams as above)	\$37.50	_____ (G)
Cheerleading Squads	_____ X (Must equal same teams as above)	\$50.00	_____ (H)

Catastrophic Accident Medical Coverage:

\$ 1,000,000 Medical Maximum
\$ 100,000 Deductible

***Fidelity Bond**

(\$25,000)	Per Association _____ X	\$200.00	_____ (I)
		Includes Non-refundable policy fee of \$30.00	
		Total Premium: _____	

***Directors & Officers**

Per Association _____ X	\$300.00	_____ (J)
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Directors & Officers Liability

\$1,000,000 Occurrence
\$1,000,000 Aggregate
\$1,000 Retention Per Claim

***Sports Equipment Floater**

Limits _____ X	(Per \$100.00 in coverage) \$1.50	_____ (K)
<i>Example: \$20,000 limit x .0150 = \$300 (Minimum Premium \$250)</i>		
Total <i>Optional Coverage's</i> : \$ _____ (L) (F + G + H + I + J + K)		

PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION

***D&O and Bond Applications require original signatures. ALL optional coverage applications *must* be received and signed before coverage can be bound.**

Total Premium Due for Policies: \$ _____ (E + M)



Directors & Officers Insurance Application

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EFFECTIVE DATE OF POLICY July 15, 2008 to July 15, 2009

Have any loss payments been made under any prior or current Directors & Officers Liability Policy or similar insurance? Yes _____ No _____

Has any league person given written notice under the provisions of any prior or current Directors & Officers Liability or similar insurance of circumstances which might give cause for a clam against any Insured Person(s)? Yes _____ No _____

Are you aware of any circumstances, which would afford valid grounds for any future claim(s) that would fall within the scope of this coverage? Yes _____ No _____

If the answer to any of the above questions is "yes" additional underwriting may be required.

DECLARATION AND SIGNATURE: (Signature of President is Mandatory)

The undersigned declares that to the best of his or her knowledge and believes that the statements set forth herein are true. Although the signing of this application and its attachments shall be the basis of the contract should a policy be issued. The company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Date: _____ Signature: _____

The cost of this policy is \$300.00

PLEASE COMPLETE APPLICATION FULLY, ATTACH YOUR CHECK AND MAIL TO:

Commercial Risk Group, Inc.
1700 West Albany Suite 200
Broken Arrow OK 74105
Phone: (918) 317-3200 x:18 Fax: (918) 317-3205



Application for Sports Equipment Floater
Building or Food Products are NOT covered under this Policy

EFFECTIVE DATE OF POLICY July 15, 2008 to July 15, 2009

1) Name of League or Organization: _____

2) Contact Person: _____

3) Mailing Address: _____

4) City: _____ State: _____ Zip Code: _____

5) Rate: \$1.50 Per \$100.00 in coverage with \$250.00 Minimum Premium. Deductible: \$500.00

a) Amount to be Insured: \$ _____

b) Total Premium Due: \$ _____

(Amount insured x .0150; Subject to minimum premium)

6) List all items valued over \$1,000.00 Individually, with serial numbers if possible (attached sheet if required):

Three horizontal lines for listing items.

7) Complete Address(s) where equipment is stored:

Three horizontal lines for listing addresses.

8) Are there Burglar alarms? 1 Yes 1 No

9) Are there Fire alarms? 1 Yes 1 No

10) Are there Automatic Fire sprinklers? 1 Yes 1 No

11) Other Protection? (Explain) _____

Property COVERED:

This policy covers unscheduled personal property owned by the league primarily of: 1) Sports Equipment 2) Snack Bar Equipment 3) Uniforms 4) Playing 5) Equipment.

Property NOT Covered:

This policy does not cover: 1) Real property building of structures of any kind or description 2) Food supplies or products 3) Automobiles, Motor Trucks, Trailers 4) Motorcycles, Bicycles 5) Aircrafts 6) Watercraft 7) Money, Notes, and Securities 8) Television and Stereo Equipment 9) Any items stored at a residential location 10) Loss due to virus or bacteria 11) Limited wind/windstorm 12) Property in Louisiana.

Items Are Covered On Actual Replacement Cost

PLEASE COMPLETE APPLICATION FULLY, ATTACH YOUR CHECK AND MAIL TO:

Commercial Risk Group, Inc.
1700 West Albany Suite 200
Broken Arrow OK 74105

Phone: (918) 317-3200 x:18 Fax: (918) 317-3205



Fidelity Bond Application

This application is for a Fidelity Bond, which covers employee fraud or dishonesty. By completing this portion of the application you will receive a Fidelity Bond.

Amount of Bond: \$25,000.00 Each Loss
Deductible: \$ 250.00 Each Loss

EFFECTIVE DATE OF POLICY July 15, 2008 to July 15, 2009

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you sustained any employee dishonesty losses in the last six years? Yes _____ No _____

5 POSITIONS TO BE COVERED: FULL NAME OF PERSON:

President _____

Secretary _____

Treasurer _____

Concession Chairman _____

Fund Raising Chairman _____

This bond covers only those 5 persons holding the “positions” designated while such person is engaged in activities sanctioned by National Youth Football. We must be notified in writing of any changes in Board of Directors.

Date: _____ **Signature:** _____

NOTE: This brochure is not a solicitation, but only a description of the insurance programs. The precise coverage afforded is subject to the terms, conditions of the policies as issued. Refer all questions to your insurance agent.

The cost of this policy is \$170.00
Policy Fee: \$30.00

PLEASE COMPLETE APPLICATION FULLY, ATTACH YOUR CHECK AND MAIL TO:

Commercial Risk Group, Inc.
1700 West Albany Suite 200
Broken Arrow OK 74105
Phone: (918) 317-3200 x:18 Fax: (918) 317-3205

G.A.R.D. TRUST

AMATEUR YOUTH FOOTBALL MEDICAL

PARTICIPATION AGREEMENT

The undersigned hereby requests to become a Participant in the G.A.R.D. Trust, established under a Trust Agreement entered into in the State of Rhode Island on the 1st day of October, 1987 as amended, by BankNewport as Successor Trustee to Citizens Bank of Rhode Island.

As a Participant, the undersigned shall be bound by the terms of the Trust Agreement and hereby appoints the Administrator to represent the Participant in all dealings with the Trustee having to do with the Insurance Fund.

If accepted as a Participant herein, the undersigned may, upon 30 days written notice, subject to the Trust Agreement, withdraw from the Trust, and terminate its participation therein. By any such withdrawal, a Participant shall relinquish all claims to any portion of the Insurance Fund on the date of withdrawal. In the event of any change to the insurance affecting this Participant, the Administrator shall provide the same notification to the Participant as provided the Trustee under the Master Policy identified below. The Participant agrees to notify all of its members once it is notified of any change to the insurance.

Executed on this _____ day of _____, _____

PARTICIPANT:

By: _____

For information purposes only: Benefits for eligible persons of the Participant are provided under Master Policy 9906-5299.

ACCEPTED by the Trust Administrator:

James R. Hamilton



By:

Administrator

G.A.R.D. TRUST

AMATEUR YOUTH FOOTBALL CAT MEDICAL

PARTICIPATION AGREEMENT

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If accepted as a Participant herein, the undersigned may, upon 30 days written notice, subject to the Trust Agreement, withdraw from the Trust, and terminate its participation therein. By any such withdrawal, a Participant shall relinquish all claims to any portion of the Insurance Fund on the date of withdrawal. In the event of any change to the insurance affecting this Participant, the Administrator shall provide the same notification to the Participant as provided the Trustee under the Master Policy identified below. The Participant agrees to notify all of its members once it is notified of any change to the insurance.

Executed on this _____ day of _____, _____

PARTICIPANT:

By: _____

For information purposes only: Benefits for eligible persons of the Participant are provided under Master Policy 9906-5300.

**ACCEPTED by the Trust Administrator:
James R. Hamilton**

By: 

Administrator