

Commercial Risk Group, Inc.

Club / Group / Association Enrollment Request

Named Insured _____

(to be shown on policy declarations page)

Named Insured is: Individual Partnership Corporation Other: _____

Contact Person _____ **Title** _____ **Phone** _____

Mailing Address _____ **Email** _____

City _____ **State** _____ **Zip** _____

Fax _____ **Website** _____

Physical Address _____

Effective Date _____ **Expiration Date** _____

Activity Start Date _____ **Activity End Date** _____

Please use additional sheet to list Activity Start & End Dates if more than one Activity is held.

Activity/Event	Age(s)	Number of Participants	Accident Medical Rate	Premium Calculation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Accident Medical Premium* Due: _____
Policy Administration Fee **\$25.00**

Activity/Event	Age(s)	Number of Participants	General Liability Rate	Premium Calculation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total General Liability Premium* Due: _____
Policy Administration Fee: _____
Additional Insured Certificates Fee: _____

Total Premium* Due: _____

(Accident Medical + General Liability + Policy Administration Fee(s) + Additional Insured Certificate(s))

* Please refer to the quote for Accident Medical and General Liability Minimum Premium amounts. Add the Fee for any Additional Insured Certificates. Minimum Premium, Policy Fees & Additional Insured Certificate fees are non-refundable.

UNDERWRITING INFORMATION: All information below is required for policy issuance or quotation.

Number of anticipated spectators for all activities _____ Ages of spectators at any event _____
 Maximum number of spectators at any one event _____ Number of sanctioned events _____

Membership: Association not for profit? _____

Describe in detail all activities / events / projects of the Group / Association (list all scheduled & proposed activities/events; include how many times each activity / project is held & where each is located). _____

Event	Date	Number of Spectators	Number of Participants
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you contractually obligated to name any organization as additional insured? If so, complete the following:

Additional Insured Name (additional fee charged)	Complete Address	Relationship to you
_____	_____	_____
_____	_____	_____

NOTE: If the named insured owns the premises / facility the general liability coverage applies to athletic participants/attendees/spectators only. It is our suggestion that a separate general liability policy be purchased to provide the premises coverage. Also, the general liability policy does not provide coverage for contents, equipment or other misc. items. A separate policy should be obtained to insure these items.

Are members required to pay dues? _____ How much? _____

Term of membership? _____

Does your group/association serve alcoholic beverages? _____

Is participation in this insurance program mandatory? _____

Are all meetings, functions, events sanctioned and supervised by the association? _____

Are waivers required to be signed by all members / participants / volunteers? _____

Do you provide employee / volunteer training and orientation? _____

Do you have procedures for screening employees / volunteers prior to hiring? _____ Provide details _____

Have there been any state and local health department laws and licensing violations within the past three years at the facilities you utilize? _____

If you provide services to minors, do you have written procedures for child release? _____

Provide details _____

Do you have a written contract with the facilities you utilize? _____ Provide copy.

Does your group / association have bylaws? _____ Provide copy.

Prior Insurance Information: Provide a minimum three years prior insurance company loss information with this form.

<u>Year</u>	<u>Company</u>	<u>Type of Claim</u>	<u>Claim Amount</u>

▶▶▶ A copy of your contract, waiver, loss information, and Association bylaws are required to underwrite this risk. Please provide copies when submitting your enrollment request. ◀◀◀

Make Check Payable & Mail to: Commercial Risk Group, Inc.
1700 W. Albany, Suite 200
Broken Arrow, OK 74012

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. COVERAGE IS SUBJECT TO INSURANCE COMPANY APPROVAL.

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. **Premium must be in the office shown above within 72 hours of binding coverage. Minimum Premium and Policy Fee are Fully Earned and Non-Refundable.**

Authorized Signature _____ **Date** _____

Printed Name _____ **Title** _____

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without all the required information being completed

Local/Regional Licensed Agency	
Agency Name: <u>Commercial Risk Group, Inc.</u>	License Number: _____
Agent Name (Print): _____	Agent Address: <u>1700 W. Albany, Suite 200</u>
City, State, Zip: <u>Broken Arrow, OK 74012</u>	Phone Number: <u>(918) 317-3200</u>
Signature: _____ (Licensed Agent)	Date: _____
Email Address: <u>dddugdale@crbins.com</u>	Proposal Number: _____