



GALES CREEK INSURANCE SERVICES  
 800 NW 6TH AVENUE, SUITE 335  
 PORTLAND, OR 97209  
 PHONE: 503.227.0491 / FAX 503.227.0927  
[www.galescreek.com](http://www.galescreek.com)

**THE FIRST TEE – INSURANCE PROGRAM APPLICATION**

**Submission Requirements:**

1.  Copy of Waiver of Liability Used
2.  Currently-valued, carrier-generated loss runs for current year and last three years

**Account Information**

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Web Site: **http://**\_\_\_\_\_ Email: \_\_\_\_\_  
 Contact (Billing): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact (Loss Control): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Effective Dates Requested: \_\_\_\_\_  
 Annual Gross Revenues: \$ \_\_\_\_\_  
 Months of Operation: \_\_\_\_\_

**Business Information**

Years this entity in business: \_\_\_\_\_ Years experience of this owner: \_\_\_\_\_

**General Information**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have any of your policies or coverages been declined, canceled or non-renewed during the past three years?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you or any director, officer or employee been convicted of any crime within the past 10 years? If yes, please explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the applicant had any claims filed against it in the last four years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant currently have Liability Insurance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Underwriting Information**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 5. Is there an overnight exposure associated with the league, camp or clinic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you belong to any national, state or local sports Association?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the association have membership eligibility requirements?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you or your staff certified by the association you belong to?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you or your staff trained / certified in CPR or First Aid?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you require a completed waiver from all participants?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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- 11. Is a parent's signature required for minors?  Yes  No
- 12. Do you have a written incident report procedure in place?  Yes  No
- 13. Do you keep a log of all incidents?  Yes  No
- 14. Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services?  Yes  No
- 15. If so, do you wish to add them as additional insureds on your policy?  Yes  No

**Abuse & Molestation**

- 16. Does your staff (paid & volunteer) employment application include Questions about whether the individual has ever been convicted for Any crime, including sex-related or child-abuse related offenses?  Yes  No
- 17. a.) Does your state permit you to do criminal background investigations?  Yes  No
- b.) If yes, do you routinely request and receive background investigations?  Yes  No
- 18. Do you verify employment-related references?  Yes  No
- 19. Do you conduct a personal interview?  Yes  No
- 20. Do you have written procedures for dealing with sex abuse? If yes, please attach a copy.  Yes  No
- 21. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
- 22. a.) Has your organization ever had an incident which resulted in allegation of sexual abuse? If yes, please explain.  Yes  No
- b.) Was a claim made against the organization?  Yes  No
- c.) Was the case settled?  Yes  No
- d.) Was the case taken to trial?  Yes  No
- e.) How much money was paid as damages to victim? \$ \_\_\_\_\_

- 23. Regarding coverage for abuse & molestation does your current program:
  - Exclude Coverage?
  - Limit Coverage (please indicate limit) \_\_\_\_\_
  - Neither Exclude nor Limit Coverage
- 24. Please indicate the age range of clients: From: \_\_\_\_\_ To: \_\_\_\_\_

**Itemized Receipts**

Participant Members: \$ \_\_\_\_\_  
 Food and Non-Alcoholic Beverages: \$ \_\_\_\_\_  
 Spectator Fees: \$ \_\_\_\_\_  
 Alcoholic Beverages: \$ \_\_\_\_\_  
 Other (Please describe below): \$ \_\_\_\_\_

Notes on itemized receipts: \_\_\_\_\_



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**League Exposure Information**

Please provide the Estimated Annual Number of Participants

Number of Certifying Participants (Kids): \_\_\_\_\_  
 Number of Target Participants (Kids): \_\_\_\_\_

**Event Information**

Description of Event: \_\_\_\_\_  
 \_\_\_\_\_

*(Attach brochure or promotional materials if applicable)*

Dates of Event:	_____	_____	_____
Event Times:	_____	_____	_____
Total Number of Attendees:	_____	# Attendees per day:	_____
Total Number of Volunteers:	_____	# Volunteers per day:	_____
Revenue Generated:		Admission Fees:	\$ _____
		Liquor Sales:	\$ _____
		Food Sales:	\$ _____
		Merchandise:	\$ _____

Is alcohol being served? If yes, by whom? \_\_\_\_\_  Yes  No  
 Has server provided evidence of liquor liability insurance?  Yes  No  
 Is Liquor Liability coverage desired? *If yes, complete liquor liability supplement.*  Yes  No

Name of Venue: \_\_\_\_\_

Seating Type (Permanent Grandstands, temporary bleachers, etc): \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Number of Exhibitors: \_\_\_\_\_

Who is supplying security at the venue: \_\_\_\_\_  
*(If private firm, they must have insurance and name you as an additional insured.)*

Describe the safeguards in place to prevent injury to spectators: \_\_\_\_\_  
 \_\_\_\_\_



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Describe first aid / medical arrangements? \_\_\_\_\_

Is the event limited to venue grounds?  Yes  No

If no, provide details: \_\_\_\_\_

Are you required to provide certificates of insurance to any other entity?  Yes  No

If yes, please provide the names of certificate holders and their interest: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**Applicants Statement and Declarations**

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein. By signing below, applicant hereby warrants that all information provided in this application is true and correct, including information provided on the following two pages concerning number of participants and any league, camps and clinics.

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Broker / Agent Signature Date