

TEAMS & LEAGUES FORM:

Desired Effective Date _____

Expected format: MM/DD/YYYY

Policyholder State _____

Have you had more than \$5,000 of total claims in the last three years?

Yes No

Do you have a system for securing waivers for all participants (adult or minor)?

Yes No

Do you follow playing rules from an accredited organization?

Yes No

Is there any form of player compensation or prize money awarded for participation?

Yes No

Are you an individual team or a league applying for itself and its member teams?

Team League

Sport _____

Age Range _____

Amount of Teams _____

lori.sabato@theriskpeople.com