



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 PAGES

**For fastest service, please fax the completed and signed application, premium computation, registration form, signed acceptance and 1 check for the total premium amount and membership fee made out to:
'AYSAA' to 678-205-8045 or 770-978-2780**

The check will be turned into a draft bearing the same number as your check.
The insurance effective date is the date of received fax (or date on application if later)
Mailed applications will be effective the date received in eSportsInsurance office or the effective date on application if later than date received.



Terry L. Green & Associates
3100 Five Forks Trickum Rd., Ste. 101
Lilburn, GA 30047
678-344-9994 - 800-550-5029
www.eSportsInsurance.com

AYSAA Insurance Application

Section 1 – General Information

Name of Insured/Team: _____
 Physical Address: _____
 City: _____ State _____ Zip: _____
 Contact Name: _____
 Office Phone: (_____) _____ Fax: (_____) _____
 Cell Phone: (_____) _____ Home Phone: (_____) _____
 Email: _____ Website: _____

Which of the following sports are you insuring? – Please check all that apply:

Softball Baseball Basketball

Effective Date: _____ to **January 1, 2013, 12:01AM**

Section II – Previous / Current Insurance Information (If Any)

Current Liability Insurance Company: _____ Annual Premium: _____

Current Accident Insurance Company: _____ Annual Premium: _____

Has your team had any liability or accident claims in the last 5 years? Yes No *****Required*****

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

Section III – Underwriter Information

- Will you have a Release/Waiver on file for each player?
 If so, are parents/guardians signatures required?

*****Required*****

Yes No
 Yes No

WAIVERS ARE REQUIRED – PLEASE MARK ‘YES’ TO SIGNIFY COMPLIANCE

PLEASE SIGN EVEN IF YOUR STATE IS NOT LISTED

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.”

Applicant’s Signature: _____ Date: _____

TERRY L. GREEN & ASSOCIATES
SPORTS INSURANCE SPECIALISTS



Proposal

Name Insured: AMERICAN YOUTH SPORTS ATHLETIC ASSOCIATION
DBA

Team Name: _____

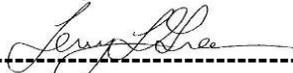
Insurance Coverage: Commercial General Liability (\$1,000,000)
Medical Payment to Participants (\$25,000) \$250 Deductible
See coverage descriptions and limits for complete information.

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

Insurer: Philadelphia Insurance Company and Chartis

Conditions:

1. Premium is fully earned at inception of policy.
2. To bind coverage, written confirmation of acceptance must be received along with application of membership to American Youth Sports Athletic Association.
3. For the fastest service; fax the completed application, AYSAA registration form, premium computation, signed acceptance, and copy of your check to 678-205-8045. The faxed check will be processed as an electronic **DRAFT**. The draft will replace your check bearing the same number as the faxed check, or mail to 3100 Five Forks Trickum Road Suite 101 Lilburn, GA 30047.
4. Coverage includes coaches, officials, participants, clubs, and anyone acting in a volunteer capacity on behalf of the team.
5. **Signed and dated application will be required if coverage is bound.**
6. Insurance applies only to specified activities selected 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.



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.

Team Representative Signature

Date

I understand that this policy will expire on January 1, 2013.

PLAYER WAIVER
& RELEASE AGREEMENT

TEAM NAME: _____

IN CONSIDERATION OF _____ (Name of Minor Child/Ward or Coach), 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) 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

DATE

COACH WAIVER
& RELEASE AGREEMENT

TEAM NAME: _____

IN CONSIDERATION OF _____ (Name of Coach), 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 myself 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, AND TO THE GREATEST EXTENT ALLOWED BY LAW, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY TO MYSELF, 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 participation; and,

2) 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 readiness for participation in the Program or in the Program itself, I will remove myself from participation and bring such to the attention of the nearest Program official immediately; and,

3) I, for myself, and on behalf of my 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 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, and on behalf of my 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 my 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.

COACH NAME

COACH SIGNATURE

DATE

eSportsInsurance

Terry L. Green & Associates
SPORTS INSURANCE SPECIALIST

CONTACT UPDATE

League or Team Name _____

We are updating association information. Please have someone with your organization complete the below information and fax to 770-978-2780.

PRESIDENT NAME _____ HOME PHONE # _____

OFFICE PHONE # _____

FAX PHONE # _____

EMAIL _____

OTHER CONTACT _____ HOME PHONE # _____

OFFICE PHONE # _____

FAX PHONE # _____

EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BOARD MEMBERS

VICE PRESIDENT _____ PHONE # _____

EMAIL _____

TREASURER _____ PHONE # _____

EMAIL _____

SECRETARY _____ PHONE # _____

EMAIL _____