Gold Coast Specialty Insurance Agency, Inc. 222 Main Street, East Setauket, New York 11733 Tel: (631) 675-2529 * Fax: (631) 675-2530

Sports Insurance Application

1.	Named Insured/Organization:								
2.	Address:								
	City:		State:	Zip:					
3.	Phone:	Fax:	E-ma	11:					
4.	Contact Person: Title:								
5.	Name and address of Additional Insured(s) and their interest:								
6.	N50 050								
٥.	Complete description of event/activity:								
7.	Estimated attendance	e/participants/members:	Age 12 & under Age 16-18	Age 13-15					
8.	Ticket price:	# of events:							
9.	Desired effective date: Desired termination date:								
10.	DESIRED COVERAGE LIMITS REQUESTED								
	General Liability Participants Legal Blanket Accident & Other:		\$\$\$\$\$\$						
11.	Does the applicant no	ow carry insurance of this t	ype?:	☐ No					
	If "yes", please advise name of insurance company:, and attach copy of policy, certificate, or brochure.								
12.	Has any insurance carrier cancelled or refused coverage?								
	If "yes", please explai								
13.	3. Loss information for the past three years:								
Policy Year		19	20	20					
otal Premium		_							
Total Insured Claims									
Description of Claims									

14.	Describe security protection:							
	Who contracts security?: ☐ Facility ☐	Applicant	t					
	Hold Harmless? ☐ Yes ☐ No If "yes", please provide copy							
15.	Number of grandstands, if any:	☐ Permanent	☐ Temporary					
	Type of construction:	Seating capacity:						
16.	Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.							
	Emergency evacuation plan in place?		□ No					
	Qualified medical personnel in attendance?	☐ Yes	□ No					
	Ambulance service in attendance?	☐ Yes	□ No					
17.	What concessions will be sold?							
18.	Will alcoholic beverages be served?		□ No					
19.	Will alcoholic beverages be sold?	☐ Yes	□ No					
	If "yes", estimated receipts: \$		· · · · · · · · · · · · · · · · · · ·					
20.	Will concessionaires provide you with certificates evidencing products liability with your organization							
	named as Additional Insured?	☐ Yes	☐ No ☐ No Concessionai	res				
21.	Will any other underlying coverage be provided?	□ Yes	□ No					
	If "yes", please explain:							
				10000				
I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE								
CON	TRACT AND EVIDENCE OF MY ACCEPTAN SIFICATION OR MISREPRESENTATION WII DING ALL INSURANCE COVERAGE.	VCE OF	THIS INSURANCE, AND ANY	1				
IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.								
S	ignature of Applicant Date		Producer (Official Use O	nly)				