

KELLY SPORTS SPORTS ENROLLMENT APPLICATION

Name of Organization/Association _____
 Named Insured (to be shown on the policy declaration page) _____
 Contact Person _____ Phone _____
 Address _____
 City/State/Zip _____
 Email Address: _____
 Requested Effective Date: _____ Termination Date: _____
 Location of Activities _____
 Does the named insured own, lease or rent premises? _____ If the answer to this question is yes, provide the owner's general liability insurance carrier and policy number _____

NOTE: If the named insured owns the premises/facility the general liability coverage applies to athletic participants/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 **must** be obtained to insure these items.

1. Check Activity: League
 2. Policy(s) Requested: Accident Medical and General Liability

Sport'	Age(s)	# of Teams	Acc Med (+) Rate (per Team)	General Liab. = Rate (per Team)	Total Rate	Premium *
Baseball	12 & Under	_____	\$16.00	\$30.00	_____	_____
_____	13 - 15	_____	\$34.00	\$30.00	_____	_____
_____	16 - 18	_____	\$59.00	\$30.00	_____	_____
Softball	12 & Under	_____	\$16.00	\$30.00	_____	_____
_____	13 - 15	_____	\$34.00	\$30.00	_____	_____
_____	16 - 18	_____	\$59.00	\$30.00	_____	_____
Total Premium Due:						_____

*For multiple teams/leagues use separate sheet of paper. Minimum Accident Medical Premium is \$200.00; Minimum General Liability Premium is \$300.00.

3. Make Check Payable & Mail to: **Special Insurance Services, Inc.**
 6509 Windcrest Dr., Suite 200
 Plano, TX 75024

*I understand & agree that if this application 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. Premium **must** be in the office shown above within 72 hours of binding coverage.*

FRAUD STATEMENT [Not applicable in Colorado, Florida, New Jersey & Virginia]

Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or settlement of claim 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 & subjects such person to criminal & (New York: substantial) civil penalties. In Maine & Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

Additional Named Insured: (If more than one Additional Named Insured is required, please use a separate piece of paper. A \$35 charge will apply for each Additional Named Insured).

- Property Owner Additional Insured: _____
Contact Name: _____
 Other _____ Address: _____
(Please Specify) City/State/Zip: _____

The above information is correct to the best of my knowledge.

 Authorized Signature Name (printed) Date (Ed 1-01-01)