



Chris-Leef General Agency, Inc.

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SPORTS ACCIDENT/GENERAL LIABILITY APPLICATION

Applicant's Name, Mailing Address, Location, Applicant's Phone no., Applicant's Email Add., Agency Name, Address, Phone Number

Proposed Effective Date: From To
Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Other

Table with 2 columns: Coverage Type, Amount (\$). Rows include GENERAL AGGREGATE, PRODUCTS & COMPLETED OPERATIONS AGGREGATE, PERSONAL & ADVERTISING INJURY, EACH OCCURRENCE, FIRE DAMAGE, MEDICAL EXPENSE, OTHER COVERAGES.

Years in Business? Years of Experience in this field?
State nature of your business/Description of operations/Occupancy by location:

Horizontal lines for providing business description and occupancy details.

Location Address:

PARTICIPANTS' #S

Table with 3 columns: Age Group, Number of Children, Number of Attendants. Rows include Ages 12 and Under, Ages 13-15, Ages 16-18, Other.

GENERAL INFORMATION – (EXPLAIN ALL “YES” RESPONSES)

- Yes/NO
Is the applicant a subsidiary of another or does the applicant have any subsidiaries?
- Is a formal
safety program in operation?
- Any
operations sold, acquired, or shows, exhibits or discontinued in the last 5 yrs?
- Any exposure
to flammables, explosives or chemicals?
- Any medical
facilities provided, or doctors employed/contracted?
- Machinery or
equipment loaned or rented to contemplated others?

- Operations
involve storing, treating, discharging, applying, disposing, or transporting of hazardous material-, e.g. land fills, wastes, fuel tanks, etc?
- Any parking
facilities owned or rented?
- Do you lease
employees to or from other employers?
- Recreation
facilities provided?
- Sporting or
social events sponsored?
- Any structure
alterations?
- Any
demolition alterations contemplated?
- Is there a
swimming pool on the premises?
- Any watercraft,
docks, or floats owned, hired or leased?

CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME AND ADDRESS:	INTEREST	ADDL INS'D
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST THREE YEARS):

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined, or refused to issue any similar insurance to the applicant?

Yes No

If yes, please explain.

FRAUD WARNING:

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 PURPOSE OF MISLEADING, 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 SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:

NAME

PHONE NUMBER

****IMPORTANT NOTICE****

AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

ANSWER ALL QUESTIONS- IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE