

Quasi Entities Application 2023/2024 Fund Year
General Liability Insurance
Additional Insured Application for Board of Education
Booster Clubs, Foundations and other affiliated entities

Sponsoring Board of Education _____
 Name of Booster Club/Foundation _____
 Main Contact Person _____
 Address _____
 City _____ Zip Code _____ Email: _____
 Phone # _____ Fax # _____

ORGANIZATIONAL INFORMATION

1. Does this organization have its own General Liability Policy? _____
 If yes, please provide a certificate of insurance showing full limits
 and naming the sponsoring Board of Education as an additional insured.
2. Does the entity employ and staff directly? _____
3. Does the entity have any corporate sponsorship? _____
4. Is the entity filed as a 501c3 of the Internal Revenue Code? _____
5. Estimated total revenue for the next 12 months: _____
6. Is the entity involved with any childcare activities? _____
7. Does the entity sponsor any activities where alcohol is supplied? _____
8. Are all entity activities formally approved by the sponsoring BOE? _____
9. Does the entity enter into any hold harmless agreements with third parties? _____
 If yes, please provide details: _____

Please list all activities planned for the next 12 months.

Authorized signature is the person designated to receive all notices from the Fund or their authorized representative concerning the insurance.

 Authorized Signature Date

Name _____ Title _____
 Address _____

**QUASI ENTITY
ATHLETIC GROUP SUPPLEMENTAL APPLICATION**

I. GENERAL INFORMATION

Additional Insured: _____

Group Activities (Please check appropriate boxes below)

<u>Activity</u>	<u># of Participants</u>	<u># of Teams</u>	<u># of Coaches</u>	<u># of Officials/ Umpires</u>
<input type="checkbox"/> Football	_____	_____	_____	_____
<input type="checkbox"/> Baseball	_____	_____	_____	_____
<input type="checkbox"/> Soccer	_____	_____	_____	_____
<input type="checkbox"/> Basketball	_____	_____	_____	_____
<input type="checkbox"/> Field Hockey	_____	_____	_____	_____
<input type="checkbox"/> Skiing	_____	_____	_____	_____
<input type="checkbox"/> Volleyball	_____	_____	_____	_____
<input type="checkbox"/> Ice Hockey	_____	_____	_____	_____
<input type="checkbox"/> Track	_____	_____	_____	_____
<input type="checkbox"/> Softball	_____	_____	_____	_____
<input type="checkbox"/> La Crosse	_____	_____	_____	_____
<input type="checkbox"/> Swimming	_____	_____	_____	_____
<input type="checkbox"/> Cheerleading	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

II. UNDERWRITING INFORMATION

Are all practices, contests, and ancillary events sanctioned and supervised by a recognized association/league?

Yes ☐ No ☐ If No, Explain: _____

Is First Aid available for practices and local contests: Yes ☐ No ☐

Describe: _____

Describe safety precautions taken for the safety of spectators: _____

Are participants ever transported to/from practices or competitions by organization members?

Yes ☐ No ☐ If Yes, please describe: _____

Are Waiver/Release or Consent Forms signed by participants? Yes ☐ No ☐

Please describe procedure and attach copy of form(s): _____

Does the organization provide accidental medical insurance for participants? Yes ☐ No ☐

If so, please provide evidence of coverage (This is mandatory in order for the athletic group to be eligible for this insurance).

Are all coaches/trainers certified? Yes ☐ No ☐

(This is mandatory in order for the athletic group to be eligible for this insurance).

Please explain the certification process: _____

Who maintains the certification records? _____

Where are the records kept? _____

Signature

Title

Date