

AYSO EQUIPMENT PLAN INSURANCE APPLICATION

COVERAGE DESCRIPTION

- Coverage being offered for sport equipment, field maintenance equipment, concession stand equipment, small storage sheds owned/leased/rented, and with prior approval other leased or rented equipment.
- Coverage is being offered for loss or damage to your equipment due to fire, theft vandalism, or other specified causes of loss as outlined on the coverage forms. There is NO coverage being provided for losses occurring due to Flood or Earthquake. Valuation is on a Replacement Cost basis.

COVERAGE CONDITIONS

- Coverage is provided subject to a \$250 Minimum Premium.
- The program deductibles are \$1,000 Per Occurrence for Theft and \$500 Per Occurrence for all other claims.
- You must cover the replacement cost value of 100% of all your equipment to comply with the program 100% coinsurance requirement.
- You must specifically schedule any item with a replacement cost value greater than \$5,000. (An itemized inventory may be requested to process coverage request and a current inventory will be required at the time of loss). You must specifically identify any items that are considered Electronics.
- Coverage is considered bound when you receive written verification from your Broker.

COVERAGE PRICING

- Premium is based on a rate of \$2.50 per \$100 of coverage subject to a \$250 Minimum Premium.
Example: \$20,000 Limit of coverage divided by 100 equals 200 (Hundreds) X \$2.50 Rate equals a total premium of \$500.

IMPORTANT: All questions must be answered and signature by an authorized representative is required.

GENERAL APPLICANT INFORMATION

Region Number/Club/League and Name of Entity:		Website:
Address:		
Authorized Representative:		
Contact Information		
Phone#:	Fax#:	
E-Mail:		
Full Address of Storage Location:		

POLICY INFORMATION

Have you had prior equipment insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had prior equipment insurance losses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details and current values of any losses.



EQUIPMENT VALUED AT LESS THAN \$5,000 PER ITEM: (Please indicate the types and values of unscheduled equipment with replacement costs less than \$5,000 per item that you will be insuring.)

Equipment Type	Replacement Cost	Equipment Type	Replacement Cost
Sports Equipment		Bleachers	
Concessions Equipment		Benches	
Concessions Stock		Other:	
Uniforms		Other:	
Field/Facility Maintenance Equipment			
Small Storage Shed			
Fences			
Scoreboards			
Dugouts			

Total Replacement Cost Value of all Unscheduled Equipment: \$ _____

EQUIPMENT VALUED AT \$5,000 PER ITEM OR GREATER: (You must specifically schedule any equipment with replacement costs of \$5,000 per item or greater (Attach a separate sheet if necessary for a complete schedule of all items you will be insuring). Please include Year, make, model, VIN and/or Serial Numbers as applicable.)

Equipment Description	Replacement Cost
<i>Example: 2018 John Deere Mower- Model 11111 - SN #1A252177</i>	<i>\$7,000</i>

Total Replacement Cost Value of all Scheduled Equipment: \$ _____

ADDITIONAL INSUREDS AND/OR LOSS PAYEES:
 Provide name, complete mailing address, description and business relationship.

Entity	Description of the operations	Relationship to Insured



INSURANCE/UNDERWRITING INFORMATION

Please provide storage location security controls:
Please provide controls regarding persons with access to equipment being covered:
Please indicate if there is an alternate Off-Season storage location and provide details:
Please indicate if there is any unique use or transportation of equipment and provide details:
Please confirm your entity is in good standing with the AYSO: <input type="checkbox"/> Yes <input type="checkbox"/> No

PREMIUM COMPUTATION:

Total Unscheduled Equipment\$ _____ + Total Scheduled Equipment\$ _____ = 100% Replacement Cost Value of \$ _____ Divided by 100 = _____ X \$2.50 = \$ _____ Premium

Total Equipment Premium Due: \$ _____ (Note \$250 Minimum Premium Applies)

Email completed application to:

aysoequipment@playershealth.com

NOTE: COVERAGE IS BOUND UPON WRITTEN CONFIRMATION FROM PLAYERS HEALTH.

I understand that the signing of this application does not bind me to complete or the Insurance Carrier to accept this insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Authorized Representative	Printed Name
Title	Date



FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* 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)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN 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 regarding a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE 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.

APPLICABLE IN 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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**. *Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

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, and denial of insurance benefits. * Applies in ME Only.



TENNESSEE – WC ONLY

Workers Compensation: "It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits."

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.