



**INTERCOLLEGIATE, CLUB, & INTRAMURAL SPORTS APPLICATION**

Name of School:

Address of School:

City:

State:

Zip:

Athletic Association:

NCAA I

NCAA II

NCAA III

NAIA

NJCAA

NCCAA

Other:

SPORT	NUMBER OF ATHLETES					
	INTERCOLLEGIATE		CLUB		INTRAMURAL	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Baseball						
Basketball						
Bowling						
Cheerleading						
Competitive Cheerleading						
Crew						
Cross Country Running						
Diving						
Equestrian						
E-Sports						
Fencing						
Field Hockey						
Football, Flag						
Football, Tackle - Fall						
Football, Tackle - Spring						
Golf						
Gymnastics						
Handball						
Ice Hockey						
Lacrosse						
Martial Arts						
Rugby						
Sailing						
Skiing (downhill)						
Skiing (cross-country)						
Soccer						
Softball						
Swimming						
Table Tennis						
Tennis						
Track & Field						
Volleyball						
Water Polo						
Weightlifting						
Wrestling						
Other:						
Other:						
Other:						
<b>TOTAL ATHLETE COUNT:</b>						
<b>TOTAL FULL-TIME STUDENT COUNT:</b>						

1. Does the Applicant currently have an Intercollegiate Sports Accident Insurance Plan? Yes      No  
 If yes, please provide:  
 a. A complete copy of the expiring policy  
 b. A system generated loss run for the most recent five (5) years  
 c. Complete the chart below.

Policy Benefits	Current Year		1 Year Prior		2 Years Prior		3 Years Prior		4 Years Prior	
Insurance Carrier										
Claims Administrator										
Medical Max										
Deductible										
Benefit Period										
AD&D Benefit										
AD&D Aggregate										
Expanded Medical	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
HMO/ PPO Benefit	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pre-Existing Conditions	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Heart & Circ Benefit	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Guest/ Recruit Coverage	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Has the Head Athletic Trainer changed?*	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Premium										

\*We request the Head Athletic Trainer information since they normally manage the claim submission process on behalf of the athletes.

2. Does the Applicant currently have a Student Accident Insurance Plan? Yes      No  
 If yes, please provide:  
 a. A complete copy of the expiring policy  
 b. A system generated loss run for the most recent five (5) years  
 c. 5 years of premium history
3. Does the Applicant have an Uninsured Athlete Insurance Plan? Yes      No  
 If yes, please provide:  
 a. A complete copy of the expiring policy  
 b. A system generated loss run for the most recent five (5) years  
 c. The rate per athlete and number of covered athletes for the most recent five (5) years

**ACKNOWLEDGEMENTS AND SIGNATURES**

- a. **Fraud Warning** 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 or a denial of insurance benefits
- b. **Applicant's Acknowledgement** I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by a representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please email form to: [AH@phly.com](mailto:AH@phly.com)

Philadelphia Insurance Companies, 500 Mamaroneck Avenue, Suite #402, Harrison NY 10528 Phone: 1.800.734.9326