



**INTERCOLLEGIATE, CLUB, & INTRAMURAL SPORTS
APPLICATION – NEW YORK**

Name of School:

Address of School:

City:

Athletic Association:

NCAA I

NCAA II

NCAA III

NAIA

State:

NJCAA

NCCAA

Zip:

Other:

SPORT	NUMBER OF ATHLETES		
	INTERCOLLEGIATE	CLUB	INTRAMURAL
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:			
TOTAL ATHLETE COUNT:			
TOTAL FULL-TIME STUDENT COUNT:			

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

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