

# INTERCOLLEGIATE, CLUB & INTRAMURAL SPORTS ATHLETIC PARTICIPATION FORM

Name of School:  
School Year:

Sport	Number of Players		Indicate Type of Sport		
	Male	Female	Intercollegiate	Club	Intramural
Archery					
Baseball					
Basketball					
Bowling					
Cheerleading					
Crew					
Cross Country Running					
Diving					
Equestrian					
Fencing					
Field Hockey					
Football, Tackle - Fall					
Football, Tackle - Spring					
Football, Tackle / Flag					
Golf					
Gymnastics					
Handball					
Ice Hockey					
Lacrosse					
Martial Arts					
Racquetball					
Rugby					
Sailing					
Skiing (downhill)					
Skiing (cross-country)					
Soccer					
Softball					
Squash					
Swimming					
Table Tennis					
Tennis					
Track & Field					
Volleyball					
Water Polo					
Weightlifting					
Wrestling					
Other:					
Other:					
Other:					
<b>TOTAL NUMBER OF ATHLETES:</b>					

## 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 any 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 office of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

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

Agent Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please submit this completed form, a copy of the expiring policy, and currently-dated loss runs for the most recent five policy years to [info@ajfusa.com](mailto:info@ajfusa.com)

**Please return form to:** The Allen J. Flood Companies, 2 Madison Avenue, Larchmont, NY 10538  
[info@ajfusa.com](mailto:info@ajfusa.com) • Phone: 1-800-734-9326