



BELL-ANDERSON
INSURANCE

600 SW 39th ST, Suite 200
Renton, WA 98057

AMATEUR SPORTS APPLICATION LEAGUES

ACCOUNT INFORMATION

Applicant Name: _____

Address: _____

Website: www. _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Effective Dates Requested: _____

For Profit: Individual Partnership Corporation LLC Non-Profit

Years in Entity as a Business: _____ Years of experience of this owner: _____

INSURANCE INFORMATION

Current Policy Expiration Date:

Current General Liability Company:

Current B O h :

Other ° U # :

Current Accident Medical Premium:

Please complete Exposure information on page 2.

LEAGUE EXPOSURE INFORMATION

List estimated “unique” player count:

Badminton			Karate		
Baseball			Lacrosse		
Basketball			Martial Arts		
Baton Twirling			Polo		
Bowling			Pom Pom		
Broomball			Racquetball		
Cheerleading			Rifle / Skeet / Trap		
Cricket			Rowing		
Cross Country			Sailing		
Dance			Skiing		
Dodgeball			Soccer		
Drill Team			Softball		
Fitness Camp			Speed Skating		
Field Hockey			Squash		
Football (contact)			Swimming		
Football (no-contact)			Tennis		
Golf			Track & Field		
Gymnastics			Ultimate Frisbee		
Handball			Volleyball		
Ice Hockey			Weightlifting		
Ice Skating			Wrestling		
Other					
Other					
Other					

Click SUBMIT to send completed application by email.

For Additional Information or questions, please contact Jason Webb

425.214.2103

jasonw@bell-anderson.com