AMERICAN YOUTH SOCCER ORGANIZATION

AYSO SPORTS EQUIPMENT

INSURANCE APPLICATION

This application is for insurance purposes only. All information is kept strictly confidential.

APPLICANT INFORMATION	
Applicant Name	_____
AYSO Region Number	_____
Date of Application	_____
Policy Period Requested	From: _____ To: _____
Contact Person	_____
Phone	_____
Email	_____

Section 1: Location / Storage Address	
Primary Storage Address	_____
City, State, ZIP	_____
Secondary Storage Address (if any)	_____
City, State, ZIP	_____
Equipment stored at single or multiple locations?	☐ Single ☐ Multiple
If multiple, attach list of all storage locations	☐ Attached
Is equipment stored at personal residences?	☐ Yes ☐ No
If yes, provide addresses and describe arrangement	_____

Section 2: Construction, Age, Square Footage & Protections

2a. Building / Storage Facility Details

Type of Construction (frame, masonry, metal/steel, concrete)	_____
Year Built	_____
Age of Building	_____ years
Total Square Footage of Storage Area	_____ sq. ft.
Number of Stories	_____
Roof Type / Material	_____
Is the facility owned or leased?	☐ Owned ☐ Leased
General Condition of Facility	☐ Excellent ☐ Good ☐ Fair ☐ Poor

2b. Fire Protection

Fire Department Response Distance	_____ miles
Fire Hydrant within 1,000 feet?	☐ Yes ☐ No
Automatic Sprinkler System?	☐ Yes ☐ No
If yes, type of sprinkler system	_____
Date of last sprinkler inspection	_____
Smoke / Heat Detectors?	☐ Yes ☐ No
Fire Extinguishers on Premises?	☐ Yes ☐ No
Date of last fire extinguisher inspection	_____
Fire Alarm System?	☐ Yes ☐ No
If yes, monitored by central station?	☐ Yes ☐ No
Protection Class	_____

2c. Theft Protection

Burglar Alarm System?	☐ Yes ☐ No
If yes, type	☐ Local ☐ Central Station Monitored
Alarm Company Name	_____
Deadbolt Locks on All Entry Points?	☐ Yes ☐ No
Security Cameras / CCTV?	☐ Yes ☐ No
Fenced / Gated Area?	☐ Yes ☐ No
Security Guard / Patrol Service?	☐ Yes ☐ No
Exterior Lighting?	☐ Yes ☐ No
Other Security Measures	_____

Section 3: Access & Responsibility

Name(s) of Person(s) Responsible for Equipment	_____
Title / Role within AYSO Region	_____
Phone	_____
Email	_____
Who has keys / access to the storage facility?	_____
Total Number of Individuals with Access	_____
Is there a sign-in/sign-out log for equipment?	☐ Yes ☐ No
Is there a written equipment check-out policy?	☐ Yes ☐ No
If yes, attach a copy of the policy	☐ Attached
Is an inventory audit conducted regularly?	☐ Yes ☐ No
If yes, how often?	☐ Monthly ☐ Quarterly ☐ Annually
Date of Last Inventory Audit	_____

Section 4: Schedule of Equipment

List all equipment to be insured. Attach additional pages if necessary.

Item #	Description / Type of Equipment	Manufacturer / Brand	Model / Serial #	Year Acquired	Condition	Replacement Cost Value
1						$
2						$
3						$
4						$
5						$
6						$
7						$
8						$
9						$
10						$

Common AYSO Equipment Categories (check all that apply):	
☐ Soccer Goals (portable and/or permanent)	☐ Soccer Balls (game and practice)
☐ Training Cones, Markers & Agility Equipment	☐ Goalkeeper Gloves & Protective Gear
☐ Uniforms / Jerseys / Pinnies	☐ Corner Flags & Posts
☐ Nets (goal nets, practice nets)	☐ Field Lining / Marking Equipment
☐ First Aid Kits & Medical Supplies	☐ Canopies / Pop-Up Tents / Shade Structures
☐ Scoreboards / Timing Equipment	☐ Communication Equipment (radios, PA systems)
☐ Storage Containers / Sheds	☐ Maintenance Equipment (mowers, aerators, etc.)
☐ Other: _____	

Section 4 Summary	
Total Number of Items	_____
Total Replacement Cost Value	$ _____
Requested Coverage Amount	$ _____
Deductible Requested	$ _____

Section 5: Five-Year Loss History

Provide details of all losses, claims, or incidents involving sports equipment in the past five (5) years.

Loss #	Date of Loss	Description of Loss	Cause of Loss	Amount of Loss	Amount Paid by Insurer	Insurance Carrier at Time of Loss
1				$	$	
2				$	$	
3				$	$	
4				$	$	
5				$	$	

Loss History Summary	
Total Number of Losses in Past 5 Years	_____
Total Dollar Amount of All Losses	$ _____
Total Amount Recovered from Insurance	$ _____
Has any insurer cancelled or non-renewed coverage?	☐ Yes ☐ No
If yes, provide details	_____
Current Insurance Carrier (if any)	_____
Current Policy Number	_____
Current Policy Expiration Date	_____
Current Premium	$ _____

Applicant Certification

I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or omission may void coverage.

APPLICANT SIGNATURE	
Signature	_____
Printed Name	_____
Title	_____
Date	_____

WITNESS SIGNATURE	
Witness Signature	_____
Printed Name	_____
Date	_____