

<b>AAU CLUB</b> <b>DIRECTORS AND OFFICERS</b> <b>BENEFIT REQUEST FORM</b>
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Name of Club: \_\_\_\_\_ AAU Club Code: \_\_\_\_\_

Address of Club: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AAU Club Level:  1  2  3      Corp     LLC     Partnership     Individual

Sport: \_\_\_\_\_ Begin date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Official Club Position \_\_\_\_\_

E-mail: \_\_\_\_\_

1. There has not been nor is there now pending any claim(s) against any person proposed for insurance in his or her capacity of either Director or Officer or the named Applicant, except as follows: (Attach complete details, if no such claim(s), check here:  “none”.)

2. No Director, Officer, or Applicant has knowledge or information of any act, error or omission, which might give rise to a claim(s) under the proposed policy except as follows: (if they have no such knowledge or information, check here:  “none” or attach complete details.)

**3. Has the Applicant or any Director, Officer or Trustee:**

- a. Been involved in any antitrust, copyright or patent litigation?  Yes  No
- b. Been a defendant in any criminal action or been a defendant in any litigation or administrative proceeding brought by any Government Agency whether Federal or State, related to any alleged violation of any federal or state securities law or regulation?  Yes  No
- c. Been a Defendant in any representative/class action litigation?  Yes  No
- d. Been involved in any alleged conflict of interest violation?  Yes  No
- e. Been involved in any alleged discrimination or AAU Rules or Regulation Violation?  Yes  No
- f. Have tax exempt status under US Internal Revenue Code?  Yes  No

**4. Please provide the following Financial Information for the Club Applicant.**

Annual Income \$ \_\_\_\_\_ Annual Expenses \$ \_\_\_\_\_

Has any auditor issued a “going concern” opinion for the Applicants financial statements?  Yes  No

\*Financial statements may be requested.

5. Desired Effective date of coverage \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration date: 8/31/2010**  
\*Coverage will be effective when you receive written confirmation\*

6. All Directors and Officers are registered AAU members  Yes  No

7. **Payment:**  I am enclosing a check, or  Please bill my VISA/MasterCard/AMEX/Discover Card in the amount of \$399.00  or \$499.00 . Please indicate the correct amount. Make check payable to the AAU.

Card # \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_

**Submit to: Amateur Athletic Union, PO Box 22409, Lake Buena Vista, FL 32830**  
**Fax: 407-828-0166 or E-mail to: [Jackie@aausports.org](mailto:Jackie@aausports.org)**

8. I acknowledge that I am exercising a membership option on behalf of our Club.

9. Describe the activities of your club in full detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How many members/athletes are in your club during a 12-month period? \_\_\_\_\_

11. Are you a non-profit entity?  Yes  No

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**- This is a Claims Made Policy -**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Official club position: \_\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_