

**AAU CLUB  
WRAP AROUND BENEFIT  
REQUEST FORM**

Mail or Fax Form To:  
Attn: AAU Benefit Program  
P.O. Box 22409  
Lake Buena Vista, FL 32830  
Fax: 407-828-0166

1. Name of Club: \_\_\_\_\_ Contact Person \_\_\_\_\_  
2. Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
3. Mail Address \_\_\_\_\_ AAU Club Code \_\_\_\_\_  
4. Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_- Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_- Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_-  
E-mail: \_\_\_\_\_

5. Type of Sport: \_\_\_\_\_ Begin date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Desired Effective Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date: 8 / 31 / 10**

7. Are you a:  Corporation  Partnership  Individual  Unorganized Entity

8. Are you a Non-Profit?  Yes  No

9. Does the Club lease a facility?  Yes  No **If yes, who is the Landlord or Management Company**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

**FUNDRAISERS: If any complete this section:**

11. List all AAU fundraisers in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fundraiser Date(s): \_\_\_\_\_ # of Participants: \_\_\_\_\_

What are your annual fundraiser receipts? \$ \_\_\_\_\_

- AAU Food concessions       AAU Carwashes       ESPN magazine sales  
 AAU Awards Banquet       AAU Mall concession fundraisers       Other – Explain  
 AAU Sport demos       AAU Raffles

12. Do you run Non-AAU fundraisers or events?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

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

14. Liability Losses last (3) years: None Yes Details: \_\_\_\_\_

Have you ever had Liability Insurance cancelled? No Yes If yes, details: \_\_\_\_\_

15. Do you host any Non-AAU events or participate in any Non-AAU leagues? Yes No

**GYMS / DOJOS: Complete this section:** Building Square footage: \_\_\_\_\_ Annual Gym Receipts \$ \_\_\_\_\_

**My Club Has The Following Activities On The Club Premises: Answer YES or NO**

Activity	Yes	No	If yes, describe
Dance	<input type="checkbox"/>	<input type="checkbox"/>	Type of dance Number of dance students =
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	pyramid height =          Number of cheer students =
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	
Aerobics/ Exercise/ Yoga	<input type="checkbox"/>	<input type="checkbox"/>	
Birthday Parties or similar events	<input type="checkbox"/>	<input type="checkbox"/>	# per year =          do all participants sign waivers?
Kids Night Out	<input type="checkbox"/>	<input type="checkbox"/>	# per year =
Sleep overs	<input type="checkbox"/>	<input type="checkbox"/>	# per year =
Climbing Wall or Zip line	<input type="checkbox"/>	<input type="checkbox"/>	wall height =
Tumble Bus	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	
Entertainment Inflatable	<input type="checkbox"/>	<input type="checkbox"/>	
Soft Play Area	<input type="checkbox"/>	<input type="checkbox"/>	
Circus Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Day Care	<input type="checkbox"/>	<input type="checkbox"/>	
Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	Dates of camps          , #of kids per week at camp Are all kids registered AAU?
Open Gym / tryouts	<input type="checkbox"/>	<input type="checkbox"/>	# open gyms per year =          , average # of kids at each = % of registered attendees =          , Non registered attendees =
Vehicle Registered to gym?	<input type="checkbox"/>	<input type="checkbox"/>	If so send copy of coverage part
Do you host meets?	<input type="checkbox"/>	<input type="checkbox"/>	If so how many meets?          , Length of meets Are all AAU registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any teaching off premises?	<input type="checkbox"/>	<input type="checkbox"/>	How often?          , How many kids? Are all AAU registered?
Café, snacks, vending machines	<input type="checkbox"/>	<input type="checkbox"/>	Receipts =
Booster Club	<input type="checkbox"/>	<input type="checkbox"/>	If yes are they a separate entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe type of fundraising of boosters: Do you want to include them under your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pro Shop	<input type="checkbox"/>	<input type="checkbox"/>	Receipts =
Any activites not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	

Current Insurance Co: \_\_\_\_\_, Current Premium: \$ \_\_\_\_\_, Exp. Date: \_\_\_\_\_

**PAYMENT:**  I am enclosing a check  Please bill my VISA/ MasterCard/American Express/  
Discover Card in the amount of **\$395.00.**

Make check payable to AAU.

Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Submit to: Amateur Athletic Union, PO Box 22409, Lake Buena Vista, Florida 32830 Fax: 407-828-0166\***

**\*\*\*Coverage will be effective when you receive written confirmation\*\*\***

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

I acknowledge that I am exercising a membership benefit option on behalf of our club

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print:** \_\_\_\_\_

**If a 3<sup>rd</sup> Party Insurance certificate is needed for a fundraiser, landlord or additional insured please list below:**  
(Additional Fee of \$15.00 will be added to your credit card per facility certificate)

Name of Certificate Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Certificate Holders:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Foy Insurance Group, Inc.**

**Sports Insurance**

[www.foyinsurance.com](http://www.foyinsurance.com)

**603-772-4781**