



NCAA, NAIA, or NJCAA Intercollegiate Football: Traumatic Brain Injury Supplemental Warranty Application for New and Renewal Policies

Instructions for the Educational Institution (Applicant)

- Please complete all portions of this Supplemental Application completely, truthfully, and accurately.
- To save a partially-completed PDF application and send it someone else, save it as PDF to your hard drive or desktop and attach it to an email, or use the “send” function in Adobe Reader. Be sure to include any attachments.
- To sign the warranty statement:
 - Sign electronically by clicking the signature field.
- or*
- Print the PDF and provide a wet signature in the signature field. Then scan the printed form and save it to your desktop or hard drive.
- Email the completed and signed application with all necessary attachments to your broker.
- If you do not understand a question, please have your broker contact United Educators for clarification.

Submitting Broker

Please complete the broker information below. Confirm that all application questions are answered and that the application is signed before submitting it to UE.

| Submitting Broker Must Complete | | |
|---------------------------------|--------|------|
| Person to Contact: | | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | Zip: |
| Phone Number: | | |
| Email: | | |
| License Number: | | |

Email the completed, signed, and dated application to your underwriter.

Warranty Statement

Full Legal Name and Address of the Educational Institution

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| Institution Name: | | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | Zip: |

The **Educational Institution** warrants that the answers, statements, and information provided in and with this Supplemental Application are full, true, and complete. **Please Note:**

1. The **Educational Institution** acknowledges that United Educators is relying on this Warranty Statement with respect to any coverage provided relating to Intercollegiate Football Traumatic Brain Injury.
2. The **Educational Institution** acknowledges that a breach of this Warranty Statement provides grounds for United Educators, in its discretion, to disclaim coverage for claims relating to Intercollegiate Football Traumatic Brain Injury.
3. The **Educational Institution** hereby authorizes United Educators to make any inquiry in connection with this Supplemental Application. If after submitting this application, there is any event or circumstance that renders the answers in this Supplemental Application inaccurate or incomplete, the **Educational Institution** must immediately notify United Educators in writing. Any material change may cause an outstanding quotation of cost and/or other policy terms to be modified or withdrawn.

The undersigned is an authorized representative of the **Educational Institution** and all persons or concerns applying for renewal of the expiring policy. The undersigned declares that all information provided is complete, truthful, and accurate, and understands that this Supplemental Application will be incorporated as part of any subsequently-issued policy, including any renewal.

Signature: _____ Date: _____

Name: _____

Educational institution: _____

The signing and submission of this Supplemental Application does not bind United Educators to issue, or the Educational Institution to purchase, any specific policy or coverage. The information provided in this Supplemental Application is for underwriting purposes only, and does not constitute notice to United Educators of a claim or potential claim under any policy.

NOTICE: For general information and information on how to recognize possible traumatic brain injuries (TBI), including concussions, visit the Centers for Disease Control's website at www.cdc.gov/Headsup

Questions

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| 1. Does your institution participate in NCAA, NAIA, or NJCAA intercollegiate football? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <p>a. If NO, STOP HERE and SIGN APPLICATION.</p> <p>b. *If YES, CONTINUE with REMAINDER OF QUESTIONS.</p> | |
| 2. <i>Specifically applicable to intercollegiate football</i> , does your institution have a written TBI or concussion management plan? (Note: If you have a concussion or TBI plan for all sports, answer “yes.”) | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <p>a. *If “yes”, please attach a copy of this entire plan, including all sub-parts, exhibits, and addenda.</p> <p>b. <input type="checkbox"/> Check here if attached <input type="checkbox"/> Check here if sent separately</p> | |
| 3. <i>Specifically for intercollegiate football athletes</i> , do all such athletes sign either a release from liability or an assumption of risk form prior to participation in your intercollegiate football program? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <p>a. *If “yes”, does this form explicitly reference the risk of TBI or concussion from playing football?</p> <p>Consult with your counsel about which document — an assumption of risk form or a release from liability — is preferable for athletes to sign. Your counsel can advise on potential differences in the law where your institution operates and where athletics competitions occur, including the enforceability of releases in sports and recreational activities.</p> | |
| <p>4. <i>Specifically for intercollegiate football coaches, athletic trainers, and medical personnel</i>, does your institution require completion of a TBI or concussion awareness training or education program for the following groups?</p> <p>Coaching staff <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Athletic trainers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical staff* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Note: All references to medical staff refer to employees, contractors, or volunteers.</p> | |
| <p>a. If “no” to any of the above, please explain:</p> | |
| <p>b. If “yes”, please describe the training process: how (e.g., in person, online); how often (e.g., upon hiring, annually, semi-annually); and for whom you perform this education process. Please attach additional documentation if the space below is not sufficient.</p> | |
| <p>c. Does this training or education program state that coaching staff have a responsibility to report “possible TBI or concussion” to athletic trainers and/or medical staff members?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>d. Do you formally document coach, trainer, and in-house medical staff’s completion of the training or education program?</p> <p>Comments:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 5. Specifically for intercollegiate football <i>athletes</i> , does your institution train or educate all such athletes at least annually about the signs and symptoms of TBI or concussion? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| a. *If “yes”, please describe how (e.g., in person, online), and how often you perform this education process. Please attach additional documentation if the space below is not sufficient. | |
| b. Does this educational process state that such student athletes have the responsibility to report “possible TBI or concussion” to a trainer or medical staff member? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are student athletes required to sign a written acknowledgement that they have received such training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you formally document your athletes’ completion of this education process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 6. Specifically for intercollegiate football <i>athletes</i> , does your institution* perform and record at least an annual baseline TBI or concussion assessment? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| a. *If “yes”, describe the tool(s) used for baseline assessment (check all that apply): <input type="checkbox"/> Symptom Checklist <input type="checkbox"/> Neuropsychological testing <input type="checkbox"/> Standardized cognitive and balance assessments Indicate testing tools: _____ | |

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| 7. Specifically for intercollegiate football <i>athletes</i> , does your institution require athletic trainers and/or medical personnel to evaluate all “possible TBIs and concussions?” | |
| a. Athletic trainers <input type="checkbox"/> Yes <input type="checkbox"/> No Medical staff* <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Is coaching staff required to refer all athletes with suspected TBI or concussion to appropriate medical staff and/or athletic trainers? Comments: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. Specifically for intercollegiate football *athletes*, which of the following written rules does the institution enforce? (Check all that apply):

- Prohibit coaches from serving as the primary supervisor for athletics health care providers (e.g., sports medicine staff, trainer, team physician, outside physician).
- Give such athletics health care providers with experience in the evaluation and management of TBIs and concussions final authority to remove any such athlete with “possible TBI or concussion” from athletic activity (such as competition, practice, or conditioning sessions).
- Give such athletics health care providers with experience in the evaluation and management of TBIs and concussions final authority to prevent the return to athletic activity (such as competition, practice, or conditioning sessions) of any such athlete with “possible TBI or concussion.”
- Give such athletics health care providers with experience in the evaluation and management of TBIs and concussions final authority to immediately refer any such athlete with “possible TBI or concussion” to an appropriately-qualified physician.
- None of the above.

9. Specifically for intercollegiate football *athletes*, which of the following written rules does the institution enforce? (Check all that apply):

- Remove such athletes who have or who exhibit signs, symptoms, or behaviors consistent with a TBI or concussion from athletic activity (such as competition, practice, or conditioning sessions) for at least the remainder of the calendar day.
- Require medical clearance from an appropriately-qualified physician (or that physician’s designee) for such athletes to return to athletic activity (including but not limited to competition, practice, or conditioning sessions).
- Neither of the above.

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| 10. Specifically for intercollegiate football <i>athletes</i> , does the institution follow a formal process to document all incidents of TBI? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If “yes”, does this formal documentation process include: | |
| a. Documentation of date/time/circumstances of TBI or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Documentation of evaluation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Documentation that the TBI or concussion management plan was followed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Documentation of clearance for return to athletic activities (such as competition, practice, or conditioning sessions)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Documentation of clearance for return to academic activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Describe your institution’s records retention policies for documentation noted in all questions (including length of time retained). Please attach additional documentation if the space below is not sufficient.

Disclaimer

In gathering the information requested by this Supplemental Application, for underwriting purposes only, United Educators is not purporting to tell the Educational Institution how to operate its intercollegiate football program, or to dictate any specific Traumatic Brain Injury (“TBI”) or concussion management plans or programs. Nor, by focusing on intercollegiate football, is United Educators implying that the Educational Institution should not have TBI/concussion management plans and programs in place with respect to other intercollegiate, club, or intramural sports. Finally, this Supplemental Application should not be construed as an assumption by United Educators of duties or responsibilities that the Educational Institution may otherwise have.

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