



United Educators Higher Education Intercollegiate Athletics Supplemental Application

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.
- 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.

Application

Full Legal Name and Address of the Educational Institution

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

The undersigned is an authorized representative of the **Educational Institution** and all persons or concerns applying for liability coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature: _____ Date: _____

Name: _____

Title: _____

Educational institution: _____

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

Questions

1. Does your institution participate in intercollegiate athletics (not including student-organized club sports)?
- Yes No
- a. If no, STOP HERE and SIGN APPLICATION**
- b. If yes, indicate the most competitive level of intercollegiate conference athletics at your institution:
- NCAA Division I NCAA Division II NCAA Division III
- NJCAA NAIA NCCAA
- USCAA Other (please list): _____
- c. Which athletic league(s)/conference(s) does your institution participate in (Big Ten, SEC, etc.)?
If none, write N/A: _____

2. Does your institution have a Name, Image and Likeness (NIL) policy regarding intercollegiate student-athletes?
- Yes No
- a. If no, please explain why not (then proceed to Question 12):**
- b. If yes, what areas does your institution's NIL policy address? Select all that apply
- Gender Equality Conflict of Interest Revenue Sharing
- Other (please list): _____

3. What institutional departments are involved in NIL oversight? Select all that apply:
- General Counsel Athletic department Compliance
- Risk Management Finance or equivalent Office of President
- Other (please list): _____

4. When did your institution last audit its NIL policy to confirm state, federal and athletic association compliance?
Please indicate month/year: _____
- a. How frequently does your institution audit its NIL policy? _____

5. Does your institution provide annual training regarding its NIL policy?

Yes No

a. If no, please explain why:

b. If yes, are training records retained for all those who participate in the training?

Yes No

c. If yes, who conducts such training? Select all that apply:

General Counsel Athletic department Compliance

Risk Management Human Resources

Other (please list): _____

d. If yes, indicate who participates in the training (select all that apply):

All Athletic department staff All coaching staff

All intercollegiate student-athletes Other (please describe): _____

6. Does your institution track all intercollegiate student-athlete NIL contracts?

Yes No

a. If yes, please list which position/role at your institution tracks such contracts:

7. What resources and services does your institution make available to support your student-athletes' NIL activities, and who is responsible for providing these resources and services?

Resources/Service	Provider (please list)
<input type="checkbox"/> None	N/A
<input type="checkbox"/> NIL legal advice, including contract review	_____
<input type="checkbox"/> NIL tax advice	_____
<input type="checkbox"/> NIL agent selection	_____
<input type="checkbox"/> NIL collective selection	_____
<input type="checkbox"/> Other (please describe)	_____

8. Does your institution maintain and share a list of recommended NIL agents for your intercollegiate student-athletes?

Yes No

9. Does your institution maintain and share a list of recommended NIL collectives for your intercollegiate student-athletes?

Yes No

10. Does your institution allow NIL collectives to use your institution's trademark items such as logo, school colors, etc.?

Yes No

a. If yes, please provide names of any and all collectives with which your institution has direct relationships or contracts:

11. Is your institution aware of any discussions or attempts of any of its intercollegiate student-athletes to unionize in the last 12 months?

Yes No

a. If yes, please describe the scope of these discussions:

12. Within the last 12 months, have there been any athletic conference, or state or federal governmental investigations regarding your institution's intercollegiate athletic programs?

Yes No

a. If yes, please describe:

13. Is your institution evaluating whether intercollegiate student-athletes may be considered employees of your institution?

Yes No

14. Has your institution made any structural changes in your intercollegiate student-athletic program, such as reductions in scholarships, changes in the number of your intercollegiate student-athletes, etc. in the last 12 months or are any anticipated in the next 12 months?

Yes No

a. If yes, please describe:

15. Does your institution have a revenue-sharing plan or is it considering the creation of a revenue-sharing plan for its intercollegiate student-athletes?

Yes No