



BOLLINGER SPORTS & LEISURE

Concussion Supplement



Markel Insurance Company

Markel Agent Number: 88707

Business Name: National Interscholastic Swim Coaches

Submission or policy number: 3602AH023592

Does your concussion management include the following?

1. Compliance with the most recent applicable laws in your state(s) relating to concussion? Yes No

[State Laws on Traumatic Brain Injury](#)

2. A protocol for handling potential concussion events outlined as part of your emergency action plan? Yes No

3. Physicals prior to participation? Yes No

4. Use of headgear and other protective equipment that is approved by a recognized and authoritative certifying organization? N/A Yes No

5. Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach? Yes No

6. A meeting or distribution of information where all coaches and volunteers are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments. Yes No

7. Immediate removal of a participant who appears to have suffered a head injury or concussion? Yes No

8. Implementation of a program where prior to any activity, all of the following:

- Participants (youth and/or adult)
- Parents/legal guardians of youth participants
- Coaches

are provided with concussion-awareness education material, such as the free "Heads Up: Concussion in Youth Sports" program, and are required to sign an acknowledgement receipt. Yes No

- Information can be obtained at: cdc.gov/heads-up/
- At minimum, review the following documents:
 - Fact sheet for coaches on concussion
 - Fact sheet for athletes on concussion
 - Fact sheet for parents on concussion
 - Clipboard with concussion facts for coaches

9. A Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:

- Visit a licensed health care professional for evaluation and clearance, AND
- Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play. Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____