

Sports Camps/Clinics/Leagues General Liability Supplemental Application (Include Acord application)

| | |
|------------------|-------|
| Applicant's Name | _____ |
| Mailing Address | _____ |
| | _____ |
| Location | _____ |
| | _____ |

| | |
|------------|-------|
| Agent Name | _____ |
| Address | _____ |
| | _____ |
| Agent No. | _____ |

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

| LIMITS OF LIABILITY REQUESTED | PREMIUMS |
|---|-------------------------------|
| General Aggregate | Premises/Operations |
| Products & Completed Operations Aggregate \$ | \$ |
| Personal & Advertising Injury | Products/Completed Operations |
| Each Occurrence \$ | \$ |
| Fire Damage (any one fire) \$ | Other |
| Medical Expense (any one person) \$ | \$ |
| Other Coverage, Restrictions, and/or Endorsements | Total |
| Deductible \$ | \$ |

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY. INDICATE NOT APPLICABLE

APPLICANT PREMISES OPERATIONS INFORMATION

SECTION I—SPORTS CAMPS QUESTIONNAIRE

(see Section 2 for Youth Leagues & Clinics)

- Name of camps (if different than Applicant) _____
- Day camps opens _____ Closes _____
- Years in business _____ Under present ownership _____
- Applicant is Individual Corporation Joint Venture Other (specify): _____
- Is the camp accredited by A.C.A.? Yes No
- Is the camp a member of another camping associations? Yes No
If yes, which one(s)? _____
- The camp is Coed Boys Girls Adults
- The camp is Day Camps Resident Camps Travel Camps
- It is Private Nonprofit Agency Religious

PREMIUM BASIS

- Estimated number of campers per day _____
- How many days per week? _____ Weeks per year? _____

UNDERWRITING CRITERIA

- Age range of campers _____
- Total number of employees _____
- What is the ratio of counselors to campers? _____
- Does the applicant have accident and health coverage on the campers? Yes No
If yes, who is the carrier and what are the limits of liability?

SECTION 1 (Continued)

16. **Any hold harmless agreements?** Yes No
If yes, with whom and what is the nature of the agreement? _____
17. **Does the camp specialize in camping experiences for developmentally disabled individuals?**
 Yes No If yes, please provide a narrative of such program below or on a separate sheet, if necessary: _____
18. **List the locations of the facilities where the camps are being held:** _____
19. **Describe all activities the campers will be involved in during the duration of their stay:** _____
20. **If the campers are participating in activities away from the camp, what is the mode of transportation and What arrangements are made to transport the participants?** _____
21. **List the complete names and addresses of the facilities which have requested being named as an Additional insured on the policy:** _____

SECTION 2—YOUTH LEAGUES AND CLINICS QUESTIONNAIRE

1. **Name of the league or clinic** (If different than Applicant) _____
2. **Name and address of the sponsor** _____
3. **Is the premises or playing field owned by the Applicant?** Yes No
If yes, what is the size and use of the premises, number of fields, and owned equipment on the premises? (Example: bleachers, nets, courts and goals): _____
4. **Years in business?** _____
5. **Applicant is** Individual Corporation Joint Venture Other (specify): _____
6. **Number of coaches** _____ If they are accredited, by whom? _____
7. **Do the coaches carry their own insurance?** Yes No
If yes, who is the carrier and what are the limits of liability? _____
8. **Is the league or clinic a member of an association?** Yes No
If yes, which one(s)? _____
9. **The league or clinic is** Coed Boys Girls Adults
10. **The sports league or clinic is for** Baseball Basketball Softball Archery Tennis
 Volleyball Bowling Running or cross country hiking

PRMIUM BASIS

11. **The number of participants at the clinic is** _____ The number of days of days for the clinic is _____
12. **The total number of games for the sports league for the season is** _____
13. **The number of traveling tournaments is** _____

UNDERWRITING CRITERIA

- 14. Age of the participants is _____
- 15. Total number of employees _____
- 16. What is the ratio of supervisors to participants? _____
- 17. Does the applicant have accident and health coverage on the participants? Yes No
If yes, what are the limits of liability? _____
- 18. Any hold harmless agreements? Yes No If yes, with whom and what is the nature of the agreement? _____
- 19. Does the clinic or league specialize in workshops or games for developmentally disabled individuals? Yes No If yes, please provide a narrative of such program below or on a separate sheet, if, necessary: _____
- 20. If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport the participants? _____
- 21. What safety equipment is required to be worn by the participants and are they advised to its proper use? _____
- 22. List the locations of the facilities where the games are being held: _____
- 23. List the complete name and addresses of the facilities which have requested being named as an additional insured on the policy: _____
- 24. Do they have snack bar, sports shop, or other retail business? Yes No
If yes, describe and indicate the estimated gross sales: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____
(MUST BE OWNER, PARTNER OR OFFICER)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION / AUDIT

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

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