



SPORTS CAMPS/CLINICS/LEAGUES GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Limited Participant Coverage	\$25,000/\$50,000 (included)
Sexual and/or Physical Abuse Coverage	\$25,000/\$50,000 (included)
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

A. GENERAL INFORMATION:

1. **Operation is:** Camp Clinic League
2. **Does applicant have any operations as a sports scout, agent or booking agency?**..... Yes No
 If yes, advise: _____
3. **Any previous or pending allegations of sexual and/or physical abuse?**..... Yes No
 If yes, explain: _____
4. **Is there a swimming pool or other bodies of water where swimming is permitted?**..... Yes No
 If yes:
- a. Number of pools:
 - b. Describe other bodies of water: _____
 - c. Pool area fenced with self-latching gate?..... Yes No
 - d. Depths marked?..... Yes No
 - e. Rules posted?..... Yes No
 - f. Life safety equipment at poolside and/or waterfront?..... Yes No
 - g. Platforms or diving boards?..... Yes No Height: _____
 - h. Slides?..... Yes No Height: _____
 - i. Lifeguards?..... Yes No
 (1) If yes, by applicant or outside contractor? _____
 If outside contractor, are certificates of insurance on file?..... Yes No
 (2) Are lifeguards Red Cross certified?..... Yes No
 - j. Ratio of attendants to children while swimming:.....
 - k. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?..... Yes No
5. **Are staff members trained in CPR?**..... Yes No
 Is a CPR trained staff member on duty at all times?..... Yes No
6. **Does applicant subcontract any operations?**..... Yes No
 If yes:
- a. Description of operations subcontracted: _____
 - b. Annual cost of subcontracted work: _____
 - c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?..... Yes No
 If yes, minimum General Liability limits required: _____
 - d. Are certificates of insurance required from all subcontractors?..... Yes No
 - e. Is applicant included as an additional insured on all subcontractors' policies?..... Yes No
 - f. Do written contracts contain hold-harmless agreements in favor of the applicant?..... Yes No

7. Additional Insured Information:

Name	Address	Interest

8. Any fund-raising events held that applicant sponsors?..... Yes No
 If yes: Bake sales Car washes Other (describe): _____
9. Does applicant have a brochure and/or advertising material?..... Yes No
 If yes, please attach.
10. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____
11. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If yes, explain: _____
12. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

13. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Coverage					
Policy No.					
Total Premium	\$	\$	\$	\$	\$

14. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

B. **SPORTS CAMPS QUESTIONNAIRE** (see SECTION C. for Youth Leagues and Clinics)

1. Name of camp (if different than applicant): _____
2. List all sports included: _____
3. Will campers stay overnight? Yes No
 If no, advise when Day Camp opens: _____ Advise when Day Camp closes: _____
4. Years in business:
 Years under present ownership:
5. Is camp accredited by A.C.A. (American Camp Association)? Yes No

6. **Is camp a member of another camping association?** Yes No
 If yes, which one(s)? _____

7. **Estimated number of campers per day:**
8. **How many days per week is camp operated?**.....
 How many weeks per year?
9. **Total number of camper days** (Total number of "camper days" shall be the sum of the daily number of campers for each day the camp is in operation during the policy period):.....
10. **Camp is for:** Boys Girls Adults
11. **Camp is a:**
 Boot camp Yes No College athletes camp Yes No
 Other than sports camp Yes No Outward bound program Yes No
 Professional athletes camp Yes No Resident camp Yes No
 Tough love camp Yes No Travel camp Yes No
 Wilderness/Survival camp Yes No
12. **Camp is operated by:** Private Organization Nonprofit Organization Religious Organization
13. **Age range of campers:**
14. **Total number of employees:**
15. **Ratio of counselors to campers:**.....
16. **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? _____

17. **Any hold harmless agreements?** Yes No
 If yes, with whom and what is the nature of the agreement? _____

18. **Does the camp specialize in camping experiences for developmentally disabled individuals?** Yes No
 If yes, provide a narrative of such program below or on a separate sheet, if necessary: _____

19. **List the locations of the facilities where the camps are being held:** _____

20. **Describe all activities the campers will be involved in during the duration of their stay:** _____

- a. Will campers ride horses? Yes No
 b. Are there snowmobiles for campers use? Yes No
21. **Are there motorized watercraft?** Yes No
 If yes, advise how many and describe: _____

22. Are there boats in excess of twenty-six (26) feet in length or that have motors over seventy-five (75) HP?..... Yes No
 If yes, how many?.....
23. 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? _____

If applicant transports participants, advise name of auto carrier and limits: _____

If the questions for SECTION C. YOUTH LEAGUES AND CLINICS do not apply, please turn to the last page, read the fraud warnings, sign and date the application.

C. YOUTH LEAGUES AND CLINICS QUESTIONNAIRE (see SECTION B. for Sports Camps)

1. Name of the league or clinic (if different than applicant): _____
2. Any overnight stays? Yes No
3. Name and address of the sponsor: _____
4. 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): _____
5. Years in business:.....
6. Total number of employees:
7. Number of clinic participants:.....
 Number of days for the clinic:.....
8. Total number of games for the sports league for the season:
9. Age range of the participants:
10. Number of coaches:
- If accredited, by whom? _____
11. Ratio of supervisors to participants:.....
12. Do coaches carry their own insurance?..... Yes No
 If yes, who is the carrier and what are the limits of liability? _____
13. Is league or clinic a member of an association?..... Yes No
 If yes, which one(s)? _____
14. Does the clinic or league specialize in workshops or games for developmentally disabled individuals? Yes No
 If yes, please provide details of program below or on a separate sheet, if necessary: _____
15. Any hold harmless agreements? Yes No
 If yes, whom and what is the nature of the agreement? _____

16. League or clinic is for: Boys Girls Adults College Athletes Professional Athletes

17. Indicate all sports/activities played or instructed:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Bubble Soccer | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross country hiking |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Football (flag) | <input type="checkbox"/> Football (tackle) | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hang gliding | <input type="checkbox"/> Hockey | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Polo | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Roller derby | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Running | <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Sky diving |
| <input type="checkbox"/> Snow skiing/boarding | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Surf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Water skiing/boarding | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other: _____ | |

18. 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? _____

19. Does applicant participate in traveling tournaments?..... Yes No
If yes:
a. How many?
b. What is the mode of transportation and what arrangements are made to transport the participants? _____
c. If applicant transports participants, advise name of auto carrier: _____

20. List what safety equipment is required to be worn by the participants and are they advised to its proper use: _____

21. List the locations of the facilities where the games/clinics are being held: _____

22. Does applicant have a 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance

company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading,

information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

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

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

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

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 Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.