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## SPORTS CAMPS / CLINICS INSURANCE APPLICATION

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### APPLICATION INSTRUCTIONS

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**In order to hasten your request for coverage and avoid any unnecessary delay, please complete all questions. If a question does not apply mark "None" or "N/A" (Not Applicable). Do not leave any question unanswered! Please use separate paper for any additional comments, explanation or clarification if necessary.**

**Before submitting your application, please review this checklist to ensure the information below has been included. Missing information could delay the approval of your application.**

- ☐ Sign, initial and date the application where indicated. The company will not issue quotes for unsigned applications.**
- ☐ Copy of the Applicant's Accident and Health Policy**
- ☐ Copy of the Waiver of Liability Used.**
- ☐ Copy of your Rules & Regulations**
- ☐ Copy of Brochure (if any)**

**If you need assistance with the application, please call (800) 846-7766 and ask to speak with the Sports Camp Representative.**

# SPORTS CAMPS / CLINICS INSURANCE APPLICATION

## APPLICANT INSTRUCTIONS:

1. Indicate your requested effective date of coverage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### I. ACCOUNT INFORMATION

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Mailing Address  
STREET ADDRESS CITY STATE ZIP

#### Location Address

STREET ADDRESS CITY STATE ZIP  
Business Phone ( ) Business Fax ( )

Cell ( ) Other ( ) Contract Person \_\_\_\_\_

Annual Gross Revenues \_\_\_\_\_ E-Mail \_\_\_\_\_

Website Address \_\_\_\_\_

For Profit:  Not For Profit:  Individual  Partnership  Corporation  Association

# of Years as this Entity \_\_\_\_\_  
Years Experience \_\_\_\_\_

Requested Limit of **General Liability**: \$ \_\_\_\_\_ per occurrence / \$ \_\_\_\_\_ aggregate

Accident/Medical coverage: Limit: \$ \_\_\_\_\_ (\$5,000 - \$50,000 available)

Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Any Losses past four year (General Liability &/or Accident Medical)?  YES  NO  
*If yes, please provide hard copy loss runs with application.*

Is there an Accident/Medical Policy in place?  YES  NO  
If Yes, what limits are carried (per accident?) \_\_\_\_\_

Are there procedures in place to verify individuals and parents carry their own health insurance?  YES  NO

Have any of your policies or coverages been declined, cancelled, or non-renewed during the past 3 years?  YES  NO

Have you or any director, officer or employee been convicted of any crime within the past 10 years?  YES  NO

Do you belong to any national, state, or local sports association?  YES  NO

Does the association have membership eligibility requirements?  YES  NO

Are you and your staff certified  YES  NO If so, by whom: \_\_\_\_\_

Are Coaches paid?  YES  NO If so, by whom: \_\_\_\_\_

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Are you or your staff trained / certified in CPR or First Aid?  YES  NO

What is ratio of student/participants to instructors/coaches? \_\_\_\_\_

Do you require a completed waiver from all participants?  YES  NO How long do you retain? \_\_\_\_\_

Is a parent's signature required for minors?  YES  NO

Do you have a written incident report procedure in place?  YES  NO

Do you keep a log of all incidents?  YES  NO

Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services?  YES  NO If yes, do you wish to add them as additional insured's on your policy?  YES  NO

Do you have concession stand?  YES  NO List type of foods/beverages sold: \_\_\_\_\_  
Is alcohol sold?  YES  NO

Are there any traveling teams?  YES  NO If yes, how far and often? \_\_\_\_\_

Any overnight travel?  YES  NO If yes, how far and often? \_\_\_\_\_

How many fields/facilities are utilized?

Privately Owned # \_\_\_\_\_ Location: \_\_\_\_\_  
 Municipality Owned # \_\_\_\_\_ Location: \_\_\_\_\_  
 Organization Owned # \_\_\_\_\_ Location: \_\_\_\_\_

Who is responsible for maintenance of fields/facilities?  Landlord  Organization (If Organization, please describe Your maintenance policy)

Do you require background checks on all employees?  YES  NO Volunteers?  YES  NO

Are all staff and volunteers required to complete an application?  YES  NO

Do you require orientation/training for all employees?  YES  NO Volunteers?  YES  NO

Do you have safety and activity rules posted?  YES  NO

Is safety gear required for all activities?  YES  NO

Do you have fundraising activities?  YES  NO

Please describe: \_\_\_\_\_

If you are interested in quotes for any of the following coverage's, please state YES and we will forward you the supplemental application to complete:

Abuse & Molestation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Property	<input type="checkbox"/> YES <input type="checkbox"/> NO
Directors & Officers Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hired & Non Owned Auto	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employment Practices Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	Business Auto	<input type="checkbox"/> YES <input type="checkbox"/> NO

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## WARRANTY INFORMATION

With Regard to Questions 2 and 3, it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance, and further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete and made will immediately be reported in writing to the underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorization to make any investigation and inquire in connection with the information, statements and disclosures provided in this application. The signing of this application does not bind the undersigned to purchase the insurance nor does the review of this application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contact should a policy be issued. This application will be attached and become a part of the policy contract.

1. With respects to this coverage, has any underwriter refused, cancelled or non renewed coverage?  YES  NO

If Yes, please indicate the number of threats or complaints and describe below (use separate paper if necessary):

2. As of this date, or the date on which the applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall with the scope of any of the proposed coverage's for which the application has applied  None

3. Have any claims, suits, demands for arbitration that would fall within the scope of this proposed insurance been made against the application, its predecessor(s) or any past or present principal, partner, officer, or employee within the past five (5) Years  Yes  No

The below signed warrants that he/she is authorized and has the power to complete and execute this application including the warranty statement(s) on behalf of the applicant and their respective directors, officers or other insured persons.

\_\_\_\_\_  
NAME OF APPLICANT (PLEASE PRINT)

\_\_\_\_\_  
TITLE (Must be President, Chairman, CEO or Executive Director)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

# SPORTS CAMPS / CLINICS EXPOSURE INFORMATION

Applicant: \_\_\_\_\_

Type of Camp	Youth (# of participants Annual)	Youth (# of days participants attend)	Described AGE GROUP HERE	Adult (# of participants Annual)	Youth (# of days participants attend)	Described AGE GROUP HERE
Baseball						
Basketball						
Boxing						
Cheerleading						
Diving						
Field Hockey						
Football (Contact)						
Football (Non Contact)						
Golf						
Ice Hockey						
Soccer						
Softball						
Track & Field						
Other:						

## REVENUE INFORMATION:

Participants Memberships:	\$
Food and Non Alcoholic Beverages:	\$
Spectator Fees:	\$
Alcoholic Beverages:	\$
Fundraising:	\$
Other (Please describe below)	\$

Completed by: \_\_\_\_\_

Date \_\_\_\_\_