



SPORTS CAMPS / CLINICS / LEAGUES SUPPLEMENTAL APPLICATION

Named Insured: _____

Insured's Address: _____

Address where Camp / Clinic / League is Located: _____

Website Address: _____

SECTION 1 – SPORTS CAMPS QUESTIONNAIRE (see Section 2 for Youth Leagues & Clinics)

1. Name of camp (if different than Applicant): _____

2. Day camp opens: _____ Closes: _____

3. Years in business: _____ Under present ownership: _____

4. Applicant is: Individual Corporation Joint Venture Other (Specify): _____

5. Is the camp accredited by A.C.A.? Yes No

6. Is the camp a member of another camping association? Yes No

If yes, which one(s)? _____

7. The camp is: Coed Boys Girls Adults

8. The camp is a: Day Camp Resident Camp Travel Camp

9. It is: Private Nonprofit Agency Religious

10. Estimated number of campers per day: _____

11. How many days per week? _____ Weeks per year? _____

12. Age range of campers: _____

13. Total number of employees: _____

14. What is the ratio of counselors to campers? _____

15. 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? _____

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: _____

22. Any Sexual / Physical Abuse incident(s) at the camp(s) in the past five (5) years? Yes No
 If Yes, what action has risk taken as a result of the incident(s) – Please explain: _____

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: Baseball Basketball Softball Archery Tennis
 Volleyball Bowling Running or cross country hiking
11. The number of participants at the clinic is: _____ The number 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: _____
14. Age of the participants is: _____

15. Total number of employees: _____

16. What is the ratio of supervisors to participants? _____

Any overnight trips in conjunction with the leagues?

Yes No

If yes, do children stay with their parents?

Yes No

OR Does the league provide Chaperones?

Yes No

17. Does the applicant have accident and health coverage on the participants?

Yes No

If yes, who is the carrier and 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 names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

24. Do they 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.

Signature of applicant: _____

Date: _____