

Sports Camps/Clinics/Leagues General Liability Application

Applicant's Name _____ Agent Name _____

Mailing Address _____ Address _____

Location _____

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 Coverages, Restrictions, and/or Endorsements	Total
Deductibles \$	\$

PLEASE ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

APPLICANT PREMISES OPERATIONS INFORMATION

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

Premium Basis

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

UNDERWRITING CRITERIA

- 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
- 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 transport the participants? _____
- 20. List the complete names and addresses of the facilities that have requested being named as an additional insured on the policy. _____

Loss History

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	POL#	Premium	Losses Paid	Losses Reserved	Description

If the questions for the Section 2 Youth Leagues and Clinics do not apply, please turn to the last page, sign and date the application.

SECTION 2 YOUTH LEAGUES AND CLINIC 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 the 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

Premium Basis

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 _____.

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, 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.

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____