



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.