



# Sports Camps/Clinics/Leagues General Liability Application

General Agent \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

## 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. \_\_\_\_\_  
\_\_\_\_\_

If the questions for the Section 2 Youth Leagues and Clinics do not apply, please sign and date the bottom of this 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: \_\_\_\_\_