



SPORTS SUPPLEMENTAL APPLICATION

- 1. Named of Applicant
2. Location of Camp, Clinic, League or Event (indicate all locations)

- 3. Attachments: ACORD Application, Copy of Waiver, Marketing Brochures, Advertisements, etc.

- 4. Activity to be insured: Sports Camp, Sports Clinic, League, Sports Camp (overnight), Sports Event, Other

5. Individual Activities (check all that apply):

- Archery, Golf, Running (marathons), Swimming (w/diving), Badminton, Gymnastics, Rugby, Table Tennis, Baseball, Hockey, Skiing - Downhill, Tennis, Basketball, Horseshoes, Skiing - Water, Track, Bowling, Martial Arts, Soccer, Volleyball, Fishing, Racquetball, Softball, Wrestling, Football, Rodeos, Swimming (no diving)

Describe in detail ALL other activities not indicated above.

- 5. Describe in detail the qualifications of all counselors (include any certifications).

- 7. Minimum age for counselor. Are any counselors First Aid certified? Yes No. If yes, list their names.

- 8. Number of: Participants, Days insured, Games (leagues only)

- 9. Age of participants (indicate number in each age group): Under 7 years of age, 7-13 years old, 14-18 years old, 19-25 years old, 26-35 years old, 36-50 years old, Over 50

Table with 3 columns: Coverage, Limits, Deductible. Rows include Premises/Operations Occurrence, General Aggregate, Products Aggregate, Personal and Advertising Injury, Damage to Premises Rented to You, Athletic Participants Coverage.

11. Do any water exposures (lakes, swimming pools, rivers, etc.) exist at or near the camp or clinic? Yes No
 If yes, describe in detail. _____

12. Are any type of watercraft (boats, canoes, etc.) available for use by campers? Yes No
13. Are horses available for use by campers? Yes No
14. Do any participants have medical problems or mental or physical disabilities? Yes No
 If yes, explain. _____
15. Are any of the participants considered troubled youth? Yes No
 If yes, describe. _____

Complete only the sections below that apply.

16. Athletic Participants Coverage

- a. Do you carry an Accident Medical Policy? Yes No
 If yes: Name of Insurer _____
 Policy Number _____ Effective Dates _____
- b. Are waivers received on all individuals participating in the activity? Yes No

17. Overnight Camps

- a. Age of oldest counselor staying overnight with campers _____
- b. Age of youngest counselor _____
- c. Ratio of campers to counselors _____ (e.g. 5 counselors and 45 campers – 1:9)
- d. Does at least one counselor stay overnight in each cabin or dormitory? Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

 Signature of Applicant Title Date

 Signature of Producing Agent Date

 Agent Name and Address