

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**):
- | | | | |
|-------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Running (marathons) | <input type="checkbox"/> Swimming (w/diving) |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Rugby | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Skiing - Downhill | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Skiing - Water | <input type="checkbox"/> Track |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rodeos | <input type="checkbox"/> 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 | _____ 19 – 25 years old | _____ Over 50 |
| _____ 7 – 13 years old | _____ 26 – 35 years old | |
| _____ 14 – 18 years old | _____ 36 – 50 years old | |

10. **Coverage**
- | | | |
|----------------------------------|--|------------|
| Premises/Operations Occurrence | Limits | Deductible |
| General Aggregate | \$ _____ | _____ |
| Products Aggregate | \$ _____ | |
| Personal and Advertising Injury | \$ _____ | |
| Damage to Premises Rented to You | \$ _____ | |
| Athletic Participants Coverage | <input type="checkbox"/> Include <input type="checkbox"/> Do Not Include | |

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