

## 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     Include     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