

SPORTS GENERAL LIABILITY CAMP/CLINIC/SPECIAL

EVENT/TOURNAMENT APPLICATION

Application Instructions

- Please type or complete the application in ink.
- If additional space is needed, please use your firm’s letterhead.

A. Applicant information

1. Applicant Company Name: _____

2. DBA: _____

3. Additional Named Insureds: _____

4. Mailing Address: _____

5. Physical Address: (1) _____

(2) _____

6. Contact Name: _____ Phone: _____

7. FEIN #: _____

8. Type of Business (check one):

- | | | | |
|--|---------------------------------------|--------------------------------------|---|
| Individual <input type="checkbox"/> | Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> | Limited Liability Corp <input type="checkbox"/> |
| Joint Venture <input type="checkbox"/> | Organization <input type="checkbox"/> | University <input type="checkbox"/> | Other <input type="checkbox"/> |

9. Effective Date: _____ 10. Expiration Date: _____

11. Website: _____

12. Is this operation For Profit?: Yes No

13. Type of Group (check one):

Association <input type="checkbox"/>	Club <input type="checkbox"/>	Camp-Day <input type="checkbox"/>	Camp-Overnight <input type="checkbox"/>
Clinics <input type="checkbox"/>	Facility (Cheer/Dance/Gymnastics/Martial Arts) <input type="checkbox"/>	Facility (Batting Cage) <input type="checkbox"/>	Facility (Yoga) <input type="checkbox"/>
Facility (Other)* <input type="checkbox"/>	Facility (Health Club/Fitness) <input type="checkbox"/>	Higher Education Intramurals/Academic Clubs <input type="checkbox"/>	League <input type="checkbox"/>
National Governing Body <input type="checkbox"/>	Not-For-Profit <input type="checkbox"/>	Semi-Pro/Professional Team (Contact UW)* <input type="checkbox"/>	Special Event <input type="checkbox"/>
State Athletic Association <input type="checkbox"/>	Team <input type="checkbox"/>	Tournament <input type="checkbox"/>	Other <input type="checkbox"/>

If other, describe: _____

*INDICATES SUPPLEMENTAL APPLICATION MUST BE EMAILED TO UNDERWRITER

B. Camp Coverage

1. How many years has the organization operated? _____

If less than 3, does the applicant have prior experience? Yes No

2. Camp Grid:

Age Group*	Sport Played	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Staff and Total # of Volunteers	# of Campers	# of Days
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						
Under 18 <input type="checkbox"/> 19 and over <input type="checkbox"/>						

3. Is this the directors first camp? Yes No

If Yes, Describe experience? _____

4. Does the organization require Waiver/Release forms from all participants or guardians, if appropriate? YES NO
 N/A

5. If not, will your institute a program for Waiver/Release forms? YES NO N/A

6. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? YES NO

7. Does the organization routinely request and receive criminal background investigations on all employees, volunteers and independent contractors? YES NO

8. Are there any other activities outside of the sports listed such as arts/crafts, field trips, inflatables, etc.? Yes No

9. Is any sports equipment sold or rented? YES NO

10. Are any nutritional supplements sold or distributed? YES NO

11. If Yes, under applicant's label? YES NO

C. Policy Limits

1. Occurrence Limit: _____

2. General Aggregate Limit: _____

3. Personal & Advertising Limit: _____

4. Products – Completed Operations Aggregate: _____

Deductible (PICK ONE):

NONE ; \$250 ; \$500 ; \$1,000 ; \$2,500 ; \$5,000 ; \$10,000 ; OTHER

D. Coverages and Endorsements

1. Damage to premises rented to you: _____

2. SML Limits: \$25,000 ; \$50,000 ; \$100,000 ; \$500,000 ; \$1,000,000

3. Add Additional Insured(s):

Other – Name: _____

Managers or Lessors - Name: _____

Designated Person or Organization – Name: _____

State or Political Subdivision Permits – Name: _____

E. Concussion Protocol:

1. Does your organization have a written concussion policy that is in compliance with current state legislation? YES NO
2. Do you distribute the written policy to coaches, parents and players and require parents acknowledgement that they have received and reviewed? YES NO
3. Does your concussion policy require a medical doctor's release prior to the child returning to play? YES NO
4. Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? YES NO
5. Does your organization utilize base line testing? YES NO

F: Claims History:

1. Has the organization had any G/L and/or Sexual Abuse and/or Molestation claims and/ or incidents in the last 3 years? YES NO

If yes, total amount incurred? _____

G. SML Coverage (IF APPLICABLE)

1. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? YES NO ANSWER SHOULD CARRY OVER
2. Does the organization routinely request and receive criminal background investigations on all prospective employees, volunteers and independent contractors? YES NO ANSWER SHOULD CARRY OVER
3. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted for any crime, including sex- related or child-abuse related offenses? YES NO
4. How do you verify employment and/or volunteer related references?
In Person By Telephone Do Not Verify

5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? YES
NO

6. Do you document it? YES NO N/A

7. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationship with the children? YES NO

8. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? YES NO

H. Policy History

1. Current Insurance Carrier: _____

2. Is their prior insurance coverage? YES NO

3. Has insurance coverage been denied, cancelled or non-renewed during the last 3 years? YES NO

4. If yes, please explain. If no, enter N/A: _____

5. Who will the A&H Medical coverage be placed with?

6. What is the deductible amount on the A&H Medical?

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO

FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT

TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY” (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant’s Printed Name: _____

Title: _____

Date: _____

Producer Name: _____

License #: _____