

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Sports Camps/Clinics/Leagues General Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____

Agent _____

Address _____

E-Mail _____

Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

APPLICANT PREMISES OPERATIONS INFORMATION

SECTION I—SPORTS CAMPS QUESTIONNAIRE

(see SECTION II for Youth Leagues and Clinics)

1. **Name of camp** (if different than Applicant): _____
2. **Day camp opens:** _____ **closes:** _____
Will campers stay overnight? ☐ Yes ☐ No
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 ☐ Outward Bound Program
☐ Tough Love Program ☐ Other than sports ☐ Agency ☐ Pro Athletes
9. It is: ☐ Private ☐ Nonprofit ☐ Religious ☐ College Athletes

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
 If yes, please provide a narrative of such program below or on a separate sheet, if necessary: _____
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: _____
- Will campers ride horses or snowmobiles? ☐ Yes ☐ No
- Are there boats in excess of 26 ft. in length or that have motors over 75 HP? ☐ Yes ☐ No
 If yes, how many? _____
- Is there a swimming pool or other bodies of water where swimming is permitted? ☐ Yes ☐ No
- If yes: Platforms or diving boards? ☐ Yes ☐ No Height: _____
- Slides? ☐ Yes ☐ No Height: _____
- Life safety equipment at poolside/lakeside? ☐ Yes ☐ No
- Pool area fenced with self-latching gate? ☐ Yes ☐ No
- Are the rules posted? ☐ Yes ☐ No
- Are the attendants certified lifeguards or CPR certified? ☐ Yes ☐ No
- Ratio of attendants to children while swimming: _____ to _____

20. If the campers are participating in activities away from the camp, what is the mode of transportation and what arrangements are made to transport the participants? _____

If applicant transports participants, advise name of auto carrier: _____

21. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

22. Any previous or pending allegations of physical or sexual abuse? ☐ Yes ☐ No

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ See loss run attached

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

23. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

If the questions for SECTION II—YOUTH LEAGUES AND CLINICS do not apply, please turn to the last page, read the fraud warnings and sign and date the application.

SECTION II—YOUTH LEAGUES AND CLINICS QUESTIONNAIRE

1. Name of the league or clinic (if different than Applicant): _____

2. Any overnight stays? ☐ Yes ☐ No

3. Name and address of the sponsor: _____

4. Is the premises or playing field owned by the Applicant? ☐ Yes ☐ No

If yes, what is the size and use of the premises, number of fields, and owned equipment on the premises? (Example: bleachers, nets, courts and goals): _____

5. Years in business? _____

6. Applicant is: ☐ Individual ☐ Corporation ☐ Joint Venture ☐ Other (specify): _____

7. Number of coaches: _____ If they are accredited, by whom? _____

8. Do the coaches carry their own insurance? ☐ Yes ☐ No

If yes, who is the carrier and what are the limits of liability? _____

9. Is the league or clinic a member of an association? ☐ Yes ☐ No

If yes, which one(s)? _____

10. The league or clinic is: ☐ Coed ☐ Boys ☐ Girls ☐ Adults ☐ College Athletes ☐ Pro Athletes

11. The sports league or clinic is for:

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Running or Cross Country Hiking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Water/Snow Skiing |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Polo | <input type="checkbox"/> Softball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Squash | |

12. Swimming Pool on premises? ☐ Yes ☐ No

Platforms or diving boards?..... ☐ Yes ☐ No Height: _____

Slides?..... ☐ Yes ☐ No Height: _____

Life safety equipment at poolside?..... ☐ Yes ☐ No

Pool area fenced with self-latching gate?..... ☐ Yes ☐ No

Are the rules posted? ☐ Yes ☐ No

Are the attendants certified lifeguards or CPR certified? ☐ Yes ☐ No

PREMIUM BASIS

13. The number of participants at the clinic is: _____ The number of days for the clinic is: _____

14. The total number of games for the sports league for the season is: _____

15. The number of traveling tournaments is: _____

UNDERWRITING CRITERIA

16. Ages of the participants are: _____

17. Total number of employees: _____

18. What is the ratio of supervisors to participants? _____

19. 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? _____

20. Any hold harmless agreements? ☐ Yes ☐ No

If yes, with whom and what is the nature of the agreement? _____

21. 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: _____

22. If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport the participants? _____

If applicant transports participants, advise name of auto carrier: _____

23. What safety equipment is required to be worn by the participants and are they advised to its proper use? _____

24. List the locations of the facilities where the games are being held: _____

25. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

26. Do they have a snack bar, sports shop, or other retail business? ☐ Yes ☐ No
If yes, describe and indicate the estimated gross sales: _____

27. Any previous or pending allegations of physical or sexual abuse?..... ☐ Yes ☐ No

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ See loss run attached

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

28. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No
If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Sports Camps/Clinics/Leagues