

Amateur Sports Camps, Leagues, Clinics Supplemental Application

General Account Information

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

Applicant Contact Name: _____ Phone Number: _____

Applicant Contact Email: _____

Will this be an Annual Policy _____ or Short-Term Policy _____?

Effective Date: _____ Expiration Date: _____

Organization Type:

___ Individual ___ Corporation ___ Joint Venture ___ Limited Liability Corp.

___ Partnership ___ Not-for-Profit ___ Organization ___ Other

Website: _____

Years this entity has been in business: _____ Years' experience of this owner: _____

Annual Gross Revenue: \$ _____ Number of Employees: _____ Full-Time _____ Part-Time

Does applicant have a current General Liability policy? Y___ N___ If yes, with whom? _____

Please submit GL loss runs for at least 4 years.

Has the applicant had any General Liability or Abuse claims in the past four years? Y___ N___

If yes, please describe. _____

Is the applicant a member of a National Governing Body of Sport or a State Association (USA Hockey or Eastern PA Youth Soccer, for example)? Y___ N___

If "Yes," which one? _____

Does the applicant have a liability waiver system in place for all participants? Y___ N___

Does the applicant host any all-star games, recruiting events, showcases or combines? Y___ N___

Does the applicant own or rent any inflatables or other amusement devices for its operation? Y___ N___

Does the applicant participate in any fundraising activity? Y___ N___

If "Yes," what activities? _____ Annual amount raised? \$ _____

Athletic Facilities

Does the applicant own a facility or field and have 24-hour responsibility for that facility? Y__ N__

Does the applicant own, maintain, or use any swimming pools or other bodies of water? Y__ N__

Does the applicant use any privately owned fields or venues? Y__ N__

If "Yes," does the applicant sign a contract to use those facilities? Y__ N__

Does the applicant use any publicly owned fields or venues? Y__ N__

If "Yes," does the applicant sign a contract to use those facilities? Y__ N__

Do any of the facility owners require that they be named as additional insureds? Y__ N__

Transportation

Does the applicant transport any participants? Y__ N__

Does the applicant's operation include any overnight travel? Y__ N__

Does the applicant host any trips for participants outside of its regular operation? Y__ N__

Annual amount spent on rental vehicles in a year? \$_____

Concussion - Please submit Concussion Safety Program.

Does the applicant have in place a written concussion awareness and management program, for example the Center for Disease Control Youth Safety, or similar? Y__ N__

See link for details: <https://www.cdc.gov/headsup/youthsports/index.html>

Does the applicant require all coaches, parents, officials, and athletes to complete the online CDC course for concussion safety and awareness training, or similar training? Y__ N__

or check here that the applicant uses the CDC program. _____

Abuse - Please submit Abuse-Prevention Policy.

Have any claims, allegations, or charges of abuse, molestation or sexual misconduct been made against the applicant or anyone working on behalf of the applicant? Y__ N__

A "Yes" answer to this question will require a referral to an underwriter.

Does the applicant have a formal new-hire screening process that encompasses criminal background checks, verification of personal references, and personal interviews? Y__ N__

Does the applicant have a formal written abuse policy that prohibits one-on-one contact, identifies grooming behaviors, and outlines reporting procedures if abuse is suspected? Y__ N__

Accident Medical – Please submit Accident Medical loss runs for at least 4 years.

Does the applicant carry an Accident policy? Y__ N__ If "Yes," with whom? _____

Has the applicant had accident claims in the past four years? Y__ N__

Sports Activities and Participant Count

Leagues

Sport	12 & Under	13-15 Years	16-18 Years	Adult

Day Camps

Start Date	# of Days	Sport/Type	Youth (18 & Under)	Adult

Overnight Camps

Start Date	# of Days	Sport/Type	Youth (18 & Under)	Adult

Tournament/Special Event

Start Date	# Days	Sport/Type	Youth (18&U)	Adult	# of Spectators