# SPORTS CAMPS/CLINICS/LEAGUES GENERAL LIABILITY APPLICATION

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Agency Name:</th>
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<tr>
<th>Mailing Address:</th>
<th>Agent No.:</th>
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<tr>
<th>Location Address:</th>
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<th>E-mail:</th>
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**PROPOSED EFFECTIVE DATE:** From ____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)**

**Applicant is:**

- [ ] Individual
- [ ] Corporation
- [ ] Partnership
- [ ] Joint Venture
- [ ] Limited Liability Company
- [ ] Other (Specify): ______________

**Website Address:** ______________

**E-mail Address:** ______________

**Limits Of Liability and Deductible Requested:**

<p>| Coverage                                                      | Amount |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>General Aggregate (other than Products/Completed Operations)</td>
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<tr>
<td>Products and Completed Operations Aggregate</td>
<td></td>
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<tr>
<td>Personal and Advertising Injury (any one person or organization)</td>
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<tr>
<td>Each Occurrence</td>
<td></td>
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<tr>
<td>Damage To Premises Rented To You (any one premise)</td>
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<tr>
<td>Medical Expense (any one person)</td>
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<tr>
<td>Limited Participant Coverage $25,000/$50,000 (included)</td>
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<tr>
<td>Sexual and/or Physical Abuse Coverage $25,000/$50,000 (included)</td>
<td></td>
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<tr>
<td>Other Coverages, Restrictions and/or Endorsements:</td>
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<tr>
<td>Deductible</td>
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A. GENERAL INFORMATION:

1. Operation is:  
   Camp  Clinic  League

2. Does applicant have any operations as a sports scout, agent or booking agency?  
   ☐ Yes  ☐ No
   If yes, advise: ____________________________

3. Any previous or pending allegations of sexual and/or physical abuse?  
   ☐ Yes  ☐ No
   If yes, explain: ____________________________

4. Is there a swimming pool or other bodies of water where swimming is permitted?  
   ☐ Yes  ☐ No
   If yes:
   a. Number of pools: ____________________________
   b. Describe other bodies of water: ____________________________
   c. Pool area fenced with self-latching gate?  
      ☐ Yes  ☐ No
   d. Depths marked?  
      ☐ Yes  ☐ No
   e. Rules posted?  
      ☐ Yes  ☐ No
   f. Life safety equipment at poolside and/or waterfront?  
      ☐ Yes  ☐ No
   g. Platforms or diving boards?  
      ☐ Yes  ☐ No  Height: ____________________________
   h. Slides?  
      ☐ Yes  ☐ No  Height: ____________________________
   i. Lifeguards?  
      ☐ Yes  ☐ No
      (1) If yes, by applicant or outside contractor?  
      ____________________________
      (2) Are lifeguards Red Cross certified?  
      ☐ Yes  ☐ No
      j. Ratio of attendants to children while swimming: ____________________________
      k. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  
         ☐ Yes  ☐ No

5. Are staff members trained in CPR?  
   ☐ Yes  ☐ No
   Is a CPR trained staff member on duty at all times?  
   ☐ Yes  ☐ No

6. Does applicant subcontract any operations?  
   ☐ Yes  ☐ No
   If yes:
   a. Description of operations subcontracted: ____________________________
   b. Annual cost of subcontracted work: ____________________________
   c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?  
      ☐ Yes  ☐ No
      If yes, minimum General Liability limits required: ____________________________
   d. Are certificates of insurance required from all subcontractors?  
      ☐ Yes  ☐ No
   e. Is applicant included as an additional insured on all subcontractors' policies?  
      ☐ Yes  ☐ No
   f. Do written contracts contain hold-harmless agreements in favor of the applicant?  
      ☐ Yes  ☐ No

7. Additional Insured Information:

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<th>Name</th>
<th>Address</th>
<th>Interest</th>
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8. Any fund-raising events held that applicant sponsors? □ Yes □ No
   If yes: □ Bake sales   □ Car washes   □ Other (describe): ____________________________

9. Does applicant have a brochure and/or advertising material? □ Yes □ No
   If yes, please attach.

10. Does applicant engage in the generation of power, other than emergency back-up power, for their
    own use or sale to power companies? □ Yes □ No
    If yes, describe: ________________________________________________________________

11. During the past three years, has any company ever canceled, declined or refused similar
    insurance to the applicant? (Not applicable in Missouri) □ Yes □ No
    If yes, explain: ________________________________________________________________

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

13. Prior Carrier Information:

    | Carrier | Year: | Year: | Year: | Year: |
    |----------|-------|-------|-------|-------|
    | Coverage |       |       |       |       |
    | Policy No. |       |       |       |       |
    | Total Premium | $ | $ | $ | $ |

14. 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 five years. □ Check if no losses last five years.

    | Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
    |--------------|---------------------|-------------|-----------------|-------------------------------|
    |              |                     | $           | $               |                               |
    |              |                     | $           | $               |                               |
    |              |                     | $           | $               |                               |
    |              |                     | $           | $               |                               |
    |              |                     | $           | $               |                               |

B. SPORTS CAMPS QUESTIONNAIRE (see SECTION C. for Youth Leagues and Clinics)

1. Name of camp (if different than applicant): ____________________________________________

2. List all sports included: __________________________________________________________

3. Will campers stay overnight? □ Yes □ No
   If no, advise when Day Camp opens: ____________   Advise when Day Camp closes: ____________

4. Years in business: __________________________________________________________________
   Years under present ownership: _____________________________________________________

5. Is camp accredited by A.C.A. (American Camp Association)? □ Yes □ No
6. Is camp a member of another camping association? □ Yes □ No
   If yes, which one(s)?

7. Estimated number of campers per day: ____________________________

8. How many days per week is camp operated? ________________________
   How many weeks per year? ________________________________

9. Total number of camper days (Total number of “camper days” shall be the sum of the daily number of campers for each day the camp is in operation during the policy period): ____________________________

10. Camp is for: □ Boys □ Girls □ Adults

11. Camp is a:
   □ Boot camp □ Yes □ No □ Professional athletes camp □ Yes □ No
   □ Cheerleading camp □ Yes □ No □ Resident camp □ Yes □ No
   □ College athletes camp □ Yes □ No □ Tough love camp □ Yes □ No
   □ Other than sports camp □ Yes □ No □ Travel camp □ Yes □ No
   □ Outward bound program □ Yes □ No □ Wilderness/Survival camp □ Yes □ No

12. Camp is operated by: □ Private Organization □ Nonprofit Organization □ Religious Organization

13. Age range of campers: ________________________________

14. Total number of employees: ________________________________

15. Ratio of counselors to campers: ____________________________

16. 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? ____________________________

17. Any hold harmless agreements? □ Yes □ No
   If yes, with whom and what is the nature of the agreement? ____________________________

18. Does the camp specialize in camping experiences for developmentally disabled individuals? □ Yes □ No
   If yes, provide a narrative of such program below or on a separate sheet, if necessary: ____________________________

19. List the locations of the facilities where the camps are being held:
   ________________________________
   ________________________________
   ________________________________

20. Describe all activities the campers will be involved in during the duration of their stay: ____________________________
    ________________________________
    ________________________________
    ________________________________
   a. Will campers ride horses? □ Yes □ No
   b. Are there snowmobiles for campers’ use? □ Yes □ No

21. Are there motorized watercraft? □ Yes □ No
   If yes, advise how many and describe: ____________________________
   ________________________________
   ________________________________
22. Are there boats in excess of twenty-six (26) feet in length or that have motors over seventy-five (75) HP?
   □ Yes □ No
   If yes, how many?

23. 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 and limits:

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

C. YOUTH LEAGUES AND CLINICS QUESTIONNAIRE (see SECTION B. for Sports Camps)

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. Total number of employees:

7. Number of clinic participants:

   Number of days for the clinic:

8. Total number of games for the sports league for the season:

9. Age range of the participants:

10. Number of coaches:

    If accredited, by whom?

11. Ratio of supervisors to participants:

12. Do coaches carry their own insurance?
   □ Yes □ No
   If yes, who is the carrier and what are the limits of liability?

13. Is league or clinic a member of an association?
   □ Yes □ No
   If yes, which one(s)?

14. Does the clinic or league specialize in workshops or games for developmentally disabled individuals?
   □ Yes □ No
   If yes, please provide details of program below or on a separate sheet, if necessary:

15. Any hold harmless agreements?
   □ Yes □ No
   If yes, whom and what is the nature of the agreement?
16. League or clinic is for: [ ] Boys [ ] Girls [ ] Adults [ ] College Athletes [ ] Professional Athletes

17. Indicate all sports/activities played or instructed:

[ ] Archery [ ] Baseball [ ] Basketball [ ] Bowling
[ ] Boxing [ ] Bubble Soccer [ ] Cheerleading [ ] Cross country hiking
[ ] Diving [ ] Football (flag) [ ] Football (tackle) [ ] Golf
[ ] Gymnastics [ ] Hang gliding [ ] Hockey [ ] Lacrosse
[ ] Polo [ ] Rappelling [ ] Roller derby [ ] Rugby
[ ] Running [ ] Scuba diving [ ] Skateboarding [ ] Skydiving
[ ] Snow skiing/boarding [ ] Soccer [ ] Softball [ ] Squash
[ ] Surf [ ] Swimming [ ] Tennis [ ] Volleyball
[ ] Water skiing/boarding [ ] Wrestling [ ] Other: ________________________________

18. 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? ____________________________________________________________

19. Does applicant participate in traveling tournaments? [ ] Yes [ ] No

If yes:

a. How many? ________________________________________________________________

b. What is the mode of transportation and what arrangements are made to transport the participants? ________________

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

20. List what safety equipment is required to be worn by the participants and are they advised to its proper use: ________________________________

21. List the locations of the facilities where the games/clinics are being held: ________________________________

22. Does applicant have a snack bar, sports shop or other retail business? [ ] Yes [ ] No

If yes, describe and indicate the estimated gross sales: ________________________________

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.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.
APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: ___________________________ DATE: ____________

CO-APPLICANT'S SIGNATURE: ___________________________ DATE: ____________

PRODUCER'S SIGNATURE: ___________________________ DATE: ____________

AGENT NAME: ___________________________ AGENT LICENSE NUMBER: ____________

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: ___________________________

(Applicable in Iowa Only)

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.