



SPORTS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience:

2. Activity to be insured: Sports Camp Sports Clinic League
 Sports Camp (overnight) Sports Event Other:

3. Do you offer wilderness (outward bound) expeditions, military, survival or boot camps, or weight loss?
 Yes No If yes, provide details of operations:

4. 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"/> Skating <input type="checkbox"/> Ice <input type="checkbox"/> Roller	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Skiing <input type="checkbox"/> Downhill <input type="checkbox"/> 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)	<input type="checkbox"/> Other

Describe in detail ALL other activities not indicated above:

5. Counselor age range:

6. Describe in detail the qualifications of all counselors (include any certifications and years of experience):

7. Are any counselors first aid certified? Yes No
If yes, list names:

8. Number of:	Participants:	Days insured:	Games (leagues only):
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9. Age of participants (indicate number in each age group):

Under 7 years of age	26 – 35 years old
7 – 13 years old	36 – 50 years old
14 – 18 years old	Over 50
19 – 25 years old	

10. Is any type of watercraft (boats, canoes, etc.) available for use by campers? Yes No

11. Are horses available for use by campers? Yes No

12. Do any participants have medical problems or mental or physical disabilities? Yes No
If yes, explain:

13. Are any of the participants considered troubled youth? Yes No
If yes, describe:

14. If campers are participating in activities away from the camp:

a. Describe mode of transportation:

b. Describe arrangements made to transport participants:

COMPLETE ONLY THE SECTIONS THAT APPLY:

Athletic Participants Coverage

Are waivers received on all individuals participating in the activity? Yes No

If yes, provide details:

Overnight Camps

1. Age of oldest counselor staying overnight:

2. Age of youngest counselor:

3. Ratio of campers to counselors: _____ (e.g. 5 counselors and 45 campers – 1:9)

4. Does at least one counselor stay overnight in each cabin or dormitory? Yes No

Attachments:

ACORD Application

Copy of Waiver

Marketing Brochures, Advertisements, etc.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address
