

# APPLICATION FOR SPORTS CAMPS

Cannot bind without being completed and signed by applicant

## PART 1: GENERAL INFORMATION

1. Applicant's Legal Name: \_\_\_\_\_
  - a. Mailing Address: \_\_\_\_\_
  - b. City, Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
  - d. Location name/address: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Operating Since: \_\_\_\_\_
4. Applicant is a:      Non-profit Association      Team/League      Proprietorship      Corporation      Partnership
5. Affiliations: *Provincial* - \_\_\_\_\_ *National* - \_\_\_\_\_
6. Applying for:              \$2,000,000.00 Commercial General Liability *with NO Accident coverage*  
    \$2,000,000.00 Commercial General Liability *with Accident*  
    Other: \_\_\_\_\_
7. Desired effective date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## PART 2: UNDERWRITING INFORMATION

8. Identify sports activity: \_\_\_\_\_
9. Number of students:
 

13 years of age and under	(Male) _____	(Female) _____	Total _____
14 – 18 years of age	(Male) _____	(Female) _____	Total _____
19 – 34 years of age	(Male) _____	(Female) _____	Total _____
34 – 65 years of age	(Male) _____	(Female) _____	Total _____
66 years of age and older	(Male) _____	(Female) _____	Total _____
Total number of students:	(Male) _____	(Female) _____	Total _____
10. Any US or Foreign Participants: \_\_\_\_\_
11. Number of Instructors: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_ Number of Directors: \_\_\_\_\_
12. Number of scheduled sessions: \_\_\_\_\_
13. Are all practices, exhibitions competitions and contests sanctioned by the applicant?      Yes      No  
 If "No"; explain: \_\_\_\_\_
14. Describe other activities: \_\_\_\_\_  
 \_\_\_\_\_
15. Are there any activities involving trampolines and/or inflatable jumping pillows: \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

16. Describe mandatory safety equipment worn: \_\_\_\_\_
17. List on-site equipment for students use (bags, weights, pools, etc.): \_\_\_\_\_
18. Describe on-site first-aid facilities: \_\_\_\_\_
19. Are instructors required to maintain first-aid certification?      Yes      No  
 If "Yes"; what level must be maintained:      Survival      Industrial      St. John's      CPR      Other
20. Qualifications of instructors: \_\_\_\_\_
21. Distance to nearest medical center: \_\_\_\_\_ city blocks or \_\_\_\_\_ minutes
22. To complete the application, attach copies of the applicant's:  
 Student Registration Form      Medical Questionnaire      Waiver of Liability      Instruction Schedules
23. Do you have any potential for travel to the United States? \_\_\_\_\_

**PART 3: INSURANCE AND LOSS HISTORY**

24. Is this the applicant's initial application for insurance:      Yes      No  
 If "No"; identify applicant's current insurance carrier: \_\_\_\_\_
25. Has any insurance company refused or cancelled coverage for the applicant?      Yes      No  
 If "Yes"; explain: \_\_\_\_\_
26. Current limits for:      Commercial General Liability: \_\_\_\_\_      Accident: \_\_\_\_\_  
    Other; identify: \_\_\_\_\_      Limit: \_\_\_\_\_
27. Provide detail of applicant's loss history for the past three (3) years.      No losses to report
- | Type of claim ( <i>Liability/Accident</i> ) | Paid by applicant or insurer | Amount Paid |
|---|------------------------------|-------------|
| _____                                       | _____                        | _____       |
| _____                                       | _____                        | _____       |
28. Estimated annual gross receipts of the Applicant: \_\_\_\_\_
29. Additional information or remarks that will assist in the evaluation of this application: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT NOTICE: Please Read Carefully**

- It is understood and agreed that coverage WILL NOT apply to bodily injury to a participant unless the applicant implement sufficient procedures to secure from each participant, and deliver to us simultaneously with notice of a participant claim, a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy, dated and signed by the participant prior to the time of the occurrence in which the participant was injured.
- It is understood and agreed that the completion of this application SHALL NOT be binding either upon the Applicant nor the Company until accepted by the underwriting company or companies.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**