



(PLEASE TYPE OR PRINT IN BLACK INK. USE REVERSE OR ADDITIONAL PAGES IF NECESSARY, FOR EACH SECTION)

Policyholder State _____ Desired Effective Date _____ Desired Expiration Date _____

PROPOSED INSURED'S INFORMATION

Organization or Team Name (Policyholder): _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name: _____ Contact E-mail _____

Phone: _____ Website _____

Have you had more than \$5,000 of total claims in the last three years? Yes No

Are waivers obtained for all athletic participants, including youth? Yes No

Are clinic instructors properly trained in First Aid/CPR? Yes No

Is First Aid equipment available? Yes No

Is this an overnight camp? Yes No

Is there a nightly curfew and adult walkthrough? Yes No

Is a security guard present overnight? Yes No

Are the camp and overnight accommodations at a college or university? Yes No

College/University Name _____

Address _____

City _____ State _____ Zip _____

If your clinic is a single day clinic, or runs for consecutive dates, please complete this section.

Start Date? _____ End Date? _____

Sport (check one): Baseball Softball Basketball Dance Flag Football Touch Football Golf Gymnastics/Cheer Hockey
 Lacrosse Music/Art Camp Soccer (Youth Only) Swimming Tennis Track & Field Volleyball Weightlifting
 Wrestling Other _____

Ages? Youth Adult Both Number of Participants? (include coaches & officials) _____

If your clinic meets on non-consecutive days over a period of multiple weeks, please complete this section.

Please note: For clinics that span multiple weeks, the participants need to be the same throughout the session. If there are different participants each day or each week, the clinics need to be entered in as single-day or week-long clinics in the section above.

Start Date? _____ End Date? _____

Sport (check one): Baseball Softball Basketball Dance Flag Football Touch Football Golf Gymnastics/Cheer Hockey
 Lacrosse Music/Art Camp Soccer (Youth Only) Swimming Tennis Track & Field Volleyball Weightlifting
 Wrestling Other _____

Ages? Youth Adult Both Number of Participants? (include coaches & officials) _____

Would you like to increase your Accident Medical limit from \$25,000 to \$100,000? Yes No

Would you like to add Non-Owned and Hired Automobile coverage? Yes No *(No coverage for transportation of athletes)*

Do you have any owned automobiles that are used in your business? Yes No

Are all drivers (employees and volunteers) over the age of 18? Yes No

Do you obtain MVRs for employees and volunteers who drive on your behalf? Yes No

Will you be providing any transportation for participants? Yes No

Do you confirm that all drivers (employees and volunteers) carry personal automobile liability insurance? Yes No

Number of employees and/or volunteers who will be driving either hired or non-owned autos on your behalf? _____

How much will you spend during the policy period for hired or leased vehicles? _____

Would you like to add Abuse and Molestation coverage? \$25,000 Limit \$100,000 Limit No

Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses? Yes No

Do you routinely conduct background checks on all employees and volunteers working with youth? Yes No

Do you have written procedures for dealing with abuse? Yes No

Do you have procedures in place to prevent situations where participants are alone with an individual staff member? Yes No

Have you ever had an incident which resulted in an allegation of sexual abuse? Yes No