

POLICY NO: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Location of After School Program: \_\_\_\_\_

Time Program Starts: \_\_\_\_\_ Time Program Ends: \_\_\_\_\_

Average number of participants per day \_\_\_\_\_ Number of days per week \_\_\_\_\_

Number of weeks per year \_\_\_\_\_ Age range of participants \_\_\_\_\_

Ratio of counselors to participants \_\_\_\_\_

Annual revenue from after school program: \_\_\_\_\_

Are special permission slips and waivers obtained from participant's parents?  Yes  No

Explain: \_\_\_\_\_

Do you require all participants to carry Accident Medical Insurance?  Yes  No

Who will provide lunches and snacks for participants? \_\_\_\_\_

Will there be cooking on premise?  Yes  No

If yes, explain: \_\_\_\_\_

Please explain transportation: \_\_\_\_\_

Vans  Bus  Hired vehicle  Other: \_\_\_\_\_

Do you own the vehicles?  Yes  No If so, do you have a commercial auto policy in place?  Yes  No

Do you allow any employees or volunteers to transport participants in the personal vehicle?  Yes  No

If yes, explain: \_\_\_\_\_

Do any activities take place off the insured premise:  Yes  No

If yes, explain: \_\_\_\_\_

Check all the programs activities (additional underwriting information may be required)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Archery  | <input type="checkbox"/> Ballooning**                  | <input type="checkbox"/> Baseball                 |
| <input type="checkbox"/> Bicycle Trips                                      | <input type="checkbox"/> Boating                       | <input type="checkbox"/> Boxing**                 |
| <input type="checkbox"/> Bungee Jumping**                                   | <input type="checkbox"/> Canoeing                      | <input type="checkbox"/> Caving*                  |
| <input type="checkbox"/> Ceramics/Pottery                                   | <input type="checkbox"/> Cheerleading*                 | <input type="checkbox"/> Diving                   |
| <input type="checkbox"/> Environmental Education                            | <input type="checkbox"/> Fireworks Displays at Camp*   | <input type="checkbox"/> Fitness Training         |
| <input type="checkbox"/> Flying**   | <input type="checkbox"/> Football (tackle)**           | <input type="checkbox"/> Football (touch or flag) |
| <input type="checkbox"/> Go Karts*  | <input type="checkbox"/> Gymnastics*                   | <input type="checkbox"/> Hang Gliding**           |
| <input type="checkbox"/> Hockey, Ice**                                      | <input type="checkbox"/> Horseback Riding              | <input type="checkbox"/> Hunting**                |
| <input type="checkbox"/> Ice Skating  | <input type="checkbox"/> Jet Skiing                    | <input type="checkbox"/> Kayaking                 |
| <input type="checkbox"/> Martial Arts*                                      | <input type="checkbox"/> Mountain Biking*              | <input type="checkbox"/> Paintball*               |
| <input type="checkbox"/> Parasailing**                                      | <input type="checkbox"/> Rock Climbing*/Rappelling     | <input type="checkbox"/> Rocketry, Model rockets  |
| <input type="checkbox"/> Roller Skating/In-Line Skating                     | <input type="checkbox"/> Ropes Course/Climbing Towers* | <input type="checkbox"/> Rugby*                   |
| <input type="checkbox"/> Sailing  | <input type="checkbox"/> Sail Boarding                 | <input type="checkbox"/> Scuba Diving*            |
| <input type="checkbox"/> Shooting/Rifle Range                               | <input type="checkbox"/> Skateboarding*                | <input type="checkbox"/> Skiing, Cross Country    |
| <input type="checkbox"/> Skiing, Downhill/Alpine                            | <input type="checkbox"/> Skiing, Water                 | <input type="checkbox"/> Sky Diving**             |
| <input type="checkbox"/> Surfing*   | <input type="checkbox"/> Trampoline**                  | <input type="checkbox"/> Wall Climbing            |
| <input type="checkbox"/> Water Blobs*                                       | <input type="checkbox"/> Water Trampoline*             | <input type="checkbox"/> Whitewater Rafting*      |
| <input type="checkbox"/> Windsurfing*                                       | <input type="checkbox"/> Woodworking*                  | <input type="checkbox"/> Wrestling*               |
| <input type="checkbox"/> Other, including extreme sports: (Describe): _____ |  |   |

\* Please attach a copy of the safety plan for these activities      \*\* These activities are excluded.

Do you sublease space?  Yes  No

Do you have cryotherapy?  Yes  No **\*Please note that our program does NOT insure Cryotherapy.**

Will the after school day camp involve the use of a swimming pool?  Yes  No

Does the after school day camp have a safety plan for all activities listed on page 1?  Yes  No

If so, please attach a copy.

Are after school participants always attended by counselors?  Yes  No

What percentage of participants have special needs, including food allergies? \_\_\_\_\_

If any participants have special needs, is the entire staff informed about the limitations/abilities of the special needs participants regarding activities, diet, medical requirements, etc?  Yes  No

What is the minimum age of the counselors? \_\_\_\_\_

Do the counselors have CPR training?  Yes  No

Describe formal training, certification or previous experience of counselors: \_\_\_\_\_

Are criminal background checks performed or previous experience of counselors?  Yes  No

What service provides the background checks? \_\_\_\_\_

What measures are taken to prevent allegations of sexual abuse at your after school program? \_\_\_\_\_

**NOTE:** Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_