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Sports Camps/Clinics/Leagues General Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____
Agent _____
Address _____

E-Mail _____
Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

APPLICANT PREMISES OPERATIONS INFORMATION

SECTION I—SPORTS CAMPS QUESTIONNAIRE (see SECTION II for Youth Leagues and Clinics)

1. **Name of camp** (if different than Applicant): _____
2. **Day camp opens:** _____ **closes:** _____
Will campers stay overnight?..... Yes No
3. **Years in business:** _____ **under present ownership:** _____
4. **Applicant is:** Individual Corporation Joint Venture Other (specify): _____
5. **Is the camp accredited by A.C.A.?** Yes No
6. **Is the camp a member of another camping association?** Yes No
If yes, which one(s)? _____

7. **The camp is:** Coed Boys Girls Adults
8. **The camp is a:** Day Camp Resident Camp Travel Camp Outward Bound Program
 Tough Love Program Other than sports Agency Pro Athletes
9. **It is:** Private Nonprofit Religious College Athletes

PREMIUM BASIS

10. **Estimated number of campers per day:** _____
11. **How many days per week?** _____ **Weeks per year?** _____

UNDERWRITING CRITERIA

12. **Age range of campers:** _____
13. **Total number of employees:** _____
14. **What is the ratio of counselors to campers?** _____
15. **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? _____
16. **Any hold harmless agreements?**..... Yes No
 If yes, with whom and what is the nature of the agreement? _____
17. **Does the camp specialize in camping experiences for developmentally disabled individuals?** Yes No
 If yes, please provide a narrative of such program below or on a separate sheet, if necessary: _____
18. **List the locations of the facilities where the camps are being held:** _____
19. **Describe all activities the campers will be involved in during the duration of their stay:** _____

- Will campers ride horses or snowmobiles? Yes No
- Are there boats in excess of 26 ft. in length or that have motors over 75 HP?..... Yes No
 If yes, how many? _____
- Is there a swimming pool or other bodies of water where swimming is permitted?..... Yes No
- If yes: Platforms or diving boards? Yes No Height: _____
 Slides? Yes No Height: _____
- Life safety equipment at poolside/lakeside? Yes No
- Pool area fenced with self-latching gate? Yes No
- Are the rules posted?..... Yes No
- Are the attendants certified lifeguards or CPR certified? Yes No
- Ratio of attendants to children while swimming: _____ to _____

20. 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: _____

21. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

22. Any previous or pending allegations of physical or sexual abuse? Yes No

Previous Insurer and 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 three years. See loss run attached

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

23. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

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

SECTION II—YOUTH LEAGUES AND CLINICS QUESTIONNAIRE

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. Applicant is: Individual Corporation Joint Venture Other (specify): _____

7. Number of coaches: _____ If they are accredited, by whom? _____

8. Do the coaches carry their own insurance? Yes No

If yes, who is the carrier and what are the limits of liability? _____

9. Is the league or clinic a member of an association? Yes No

If yes, which one(s)? _____

10. The league or clinic is: Coed Boys Girls Adults College Athletes Pro Athletes

11. The sports league or clinic is for:

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Running or Cross Country Hiking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Water/Snow Skiing |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Polo | <input type="checkbox"/> Softball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Squash | |

12. Swimming Pool on premises? Yes No
Platforms or diving boards?..... Yes No Height: _____
Slides?..... Yes No Height: _____
Life safety equipment at poolside? Yes No
Pool area fenced with self-latching gate? Yes No
Are the rules posted?..... Yes No
Are the attendants certified lifeguards or CPR certified? Yes No

PREMIUM BASIS

13. The number of participants at the clinic is: _____ The number of days for the clinic is: _____
14. The total number of games for the sports league for the season is: _____
15. The number of traveling tournaments is: _____

UNDERWRITING CRITERIA

16. Ages of the participants are: _____
17. Total number of employees: _____
18. What is the ratio of supervisors to participants? _____
19. Does the applicant have accident and health coverage on the participants? Yes No
If yes, who is the carrier and what are the limits of liability? _____

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

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

22. If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport the participants? _____
If applicant transports participants, advise name of auto carrier: _____
23. What safety equipment is required to be worn by the participants and are they advised to its proper use?

24. List the locations of the facilities where the games are being held: _____

25. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

26. Do they have a snack bar, sports shop, or other retail business?..... Yes No
 If yes, describe and indicate the estimated gross sales: _____

27. Any previous or pending allegations of physical or sexual abuse?..... Yes No

Previous Insurer and 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 three years. See loss run attached

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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

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.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____
 (MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
 (*Applicable to Florida Agents Only.*)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.