

## SPORTS CAMPS/LEAGUES QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

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

If the camp or league maintains a web site, state the address: \_\_\_\_\_

**SPORTS/NON-ATHLETIC CAMPS (Private)**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Baseball                | <input type="checkbox"/> Football (no contact or tackle) | <input type="checkbox"/> Volleyball   |
| <input type="checkbox"/> Basketball              | <input type="checkbox"/> Soccer                          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cheerleader Competition | <input type="checkbox"/> Softball                        | <input type="checkbox"/> Other: _____ |

**ATHLETIC OR SPORTS; LEAGUES, TOURNAMENT & SPORT EVENTS**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Horseshoes          | <input type="checkbox"/> Tennis     |
| <input type="checkbox"/> Basketball  | <input type="checkbox"/> Run / Walk Events   | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bicycle Events                                      | <input type="checkbox"/> Soccer              | <input type="checkbox"/> Walking    |
| <input type="checkbox"/> Cheerleader Competition<br>(No stacks or pyramids.) | <input type="checkbox"/> Soap Box Derbies    |                                     |
|  | <input type="checkbox"/> Other (please list) |                                     |

**REQUESTED INFORMATION**

1. Describe the program. \_\_\_\_\_
2. List all locations, including off premises locations. \_\_\_\_\_
3. Total participants for all days. \_\_\_\_\_
4. Total expected spectators. \_\_\_\_\_
5. Total games in sport programs. \_\_\_\_\_
6. Time period (if a camp, include opening and closing dates). \_\_\_\_\_
7. Interest of applicant (sponsor, owner, etc.). \_\_\_\_\_
8. If the event is held within buildings, are premises appropriate for such use? Yes No
9. Will there be overnight operations? If yes: Yes No
  - a. Total number staying overnight? \_\_\_\_\_
  - b. Number of overnight participants? \_\_\_\_\_
  - c. Are sleeping quarters separated by gender? Yes No
  - d. Describe sleeping facilities: \_\_\_\_\_



- e. Are there working smoke detectors in the buildings? Yes No
- f. Are there working fire extinguishers? Yes No
- 10. Will any grandstands, bleachers, or seating stands be used? Yes No  
Are they:  permanent  portable
- 11. If this event is dangerous to the spectators attending, is there a perimeter guard or barricade? Yes No
- 12. List and describe any amusement devices whether owned or operated by the applicant. (carnival rides excluded).  
\_\_\_\_\_
- 13. Are food products dispensed on premises by applicant? Yes No  
If yes, describe products and estimated receipts.  
\_\_\_\_\_
- 14. Are fireworks part of the program? (If yes, certificate of insurance required from the insurance provider.) Yes No
- 15. Do you provide transportation? Yes No  
If yes, describe. \_\_\_\_\_
- 16. Please describe your procedure in case of injury or medical emergency.  
\_\_\_\_\_
- 17. Is there Accident Medical coverage on campers/athletes? Yes No  
If yes, name of insurance company. \_\_\_\_\_  
Amount of Accident Medical coverage: \_\_\_\_\_

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

\_\_\_\_\_  
Applicant Signature Title Date

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

\_\_\_\_\_  
Producer Name and Address