SPORTS CAMPS/LEAGUES QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: ____________________________________________________________
Website: ________________________________________________________________

PROHIBITED CIRCUMSTANCES

If the answer to any of the questions below is “YES,” you are not eligible for coverage.

1. Do you offer any of the following types of activities:
   a. Wilderness or outward bound expeditions? □ Yes □ No
   b. Horse back riding, boxing, bungee jumping, rock or mountain climbing, tobogganing, water skiing, weight lifting, skin diving, parachuting, whitewater rafting, diving (water), gymnastics, kickboxing, motor sports, polo (any type), rugby, ice hockey, rodeo, handball, downhill skiing or fishing from boats? □ Yes □ No
c. Tackle football? □ Yes □ No
   d. Cheerleading with stunting, pyramids and lifts? □ Yes □ No

2. Do you operate as or have any of the following:
   a. Weight loss, military, juvenile delinquent, survival or boot camp? □ Yes □ No
   b. Health club, go-kart track, skate park, play center, water slide or trampoline? □ Yes □ No
c. Saunas or tanning devices? □ Yes □ No

3. Do you sell, manufacture or distribute any athletic equipment? □ Yes □ No

4. Do any facilities used by the applicant have capacities greater than 15,000? □ Yes □ No

If you have an overnight exposure answer the following question. If you answer “NO,” you are not eligible for coverage.

5. Are sleeping facilities separated by gender? □ Yes □ No

GENERAL INFORMATION

1. Describe the program: ____________________________________________________________

2. What is the applicant’s interest in the program (sponsor, owner, operator, etc)? □ Yes □ No
   a. If not the operator of the program/event, is the operator required to name you as an additional insured on their general liability policy?

3. Please select the type(s) of sports, activities or camps that you offer:

<table>
<thead>
<tr>
<th>Sports or Non-athletic Camps</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Baseball</td>
</tr>
<tr>
<td>□ Basketball</td>
</tr>
<tr>
<td>□ Non-Athletic</td>
</tr>
<tr>
<td>□ Cheerleading</td>
</tr>
</tbody>
</table>
# Sports or Athletic - Leagues, Competitions, Tournaments and Events

<table>
<thead>
<tr>
<th>□ Baseball</th>
<th>□ Flag Football</th>
<th>□ Volleyball</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Basketball</td>
<td>□ Soccer</td>
<td>□ Bowling</td>
</tr>
<tr>
<td>□ Track</td>
<td>□ Softball</td>
<td>□ Broomball</td>
</tr>
<tr>
<td>□ Cheerleading</td>
<td>□ Cricket</td>
<td>□ Cross Country Skiing</td>
</tr>
<tr>
<td>□ Dance</td>
<td>□ Dodgeball</td>
<td>□ Fishing (land or pier only)</td>
</tr>
<tr>
<td>□ Frisbee</td>
<td>□ Golf</td>
<td>□ Horseshoes</td>
</tr>
<tr>
<td>□ Kayaking (no whitewater exposure)</td>
<td>□ Kickball</td>
<td>□ Lacrosse</td>
</tr>
<tr>
<td>□ Laser Tag</td>
<td>□ Lawn bowling</td>
<td>□ Martial Arts</td>
</tr>
<tr>
<td>□ Mini Golf</td>
<td>□ Racquetball</td>
<td>□ Rowing</td>
</tr>
<tr>
<td>□ Snow Shoe Racing</td>
<td>□ Speed Skating</td>
<td>□ Squash</td>
</tr>
<tr>
<td>□ Surfing</td>
<td>□ Swimming</td>
<td>□ Tee ball</td>
</tr>
<tr>
<td>□ Tennis</td>
<td>□ Walking</td>
<td>□ Biking</td>
</tr>
<tr>
<td>□ Running - &gt;10 Miles</td>
<td>□ Running - &lt; 10 Miles</td>
<td>□ Triathlon</td>
</tr>
<tr>
<td>□ Other: ________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Do you have or use any inflatable amusement devices?  
   □ Yes  □ No

5. Do any activities take place in remote locations?  
   □ Yes  □ No

6. Please complete the following:
   a. Total participants for all days in each age group:
      - < 13: ________
      - 13 – 18: ________
      - 19+: ________

   b. Total games/competitions in the program: ________

   c. Number of days for the program/camp: ________

7. Do you have an overnight sleeping exposure?  
   □ Yes  □ No

8. Will any temporary grandstands, bleachers or seating stands be used?  
   □ Yes  □ No

9. Do you have any mechanical amusement devices (carnival rides, etc)?  
   □ Yes  □ No

10. Are fireworks part of the program?  
    □ Yes  □ No

    **CIC:** Fireworks are automatically excluded. No buyback is available.
    **CSIC:** If yes and requesting coverage for fireworks (must rate for using the Fireworks Special Event class), please verify the following:
    a. No employees or volunteers will be assisting with set-up or ignition of the fireworks.
    b. The independent contractor setting up and igniting the fireworks carries at least a $1 Million occurrence limit general liability policy.
    c. There are no indoor fireworks displays.
    d. Spectators are required to be an adequately safe distance away from the launch point.

    **I certify that the statements in question 10 above are verified:**  □ Yes – I certify this

11. Do you provide transportation for program participants?  
    □ Yes  □ No
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