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 K&K Insurance Brokers, Inc. Canada

SPORTS CAMP AND CLINIC APPLICATION

1. Policy period required from: _____ to _____
(Year) (Year)

INSURED

2. Name of Camp: _____

3. Insured Name as it is to appear on policy: _____

What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

Contact Person: _____

Home Phone: _____ Business Phone: _____ Fax: _____

Mailing Address: _____

City: _____ Prov./Terr.: _____ Postal Code: _____

Web Address: _____

4. Signature of Authorized Official: _____ Title: _____

5. Name, Address and Description of Operations of all Subsidiary Companies:

BROKER

6. Name of Agency/Brokerage (if any): _____

Contact Person: _____ E-mail: _____

Bus. Phone: _____ Fax: _____

Mailing Address: _____

City: _____ Prov./Terr.: _____ Postal Code: _____

GENERAL INFORMATION

7. Location of Camp Activities: _____

8. Additional Insureds: Owners and/or lessors of premises and sponsors are endorsed onto the policy automatically. Please list those Additional Insureds who would like to receive a Certificate of Insurance.

<u>Name</u>	<u>Address</u>	<u>Relationship To You</u>
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a. _____	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other

b. _____ Property Owner Sponsor Other

c. _____ Property Owner Sponsor Other

9. Check one: Clinic Day Camp Overnight Camp
If you checked Overnight Camp, please answer the following:

a) What is the Length of Stay? _____

b) What procedures do you follow to screen prospective employees and volunteers?

c) Do you have a formal written policy for your employees and volunteers that prohibits abuse?

Yes No If yes, attach full details.

d) What are your procedures for handling allegations or complaints made about your employees and volunteers?

e) Have any allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years?

Yes No If yes, provide full details.

f) Give details of all claims arising from abuse made against you, your employees, volunteers or any other person associated with your organization during the past 10 years:

g) Provide details of child abuse prevention and awareness training:

15. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

16. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

17. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

18. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

19. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

20. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)
(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

21. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

22. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

23. Please provide deductible or self-insured retention amounts for each year noted in question 22.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

24. Please attach a copy of the Insured's most recent audited financial statement.

25. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

26. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

27. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

28. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

**Note: We must be notified of any date changes prior to the first day of the camp.
If you need to add additional dates, you must complete a new form.**

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____