

Sports Camp and Clinic Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to	_____
(effective date)		(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation
 Partnership
 Joint Venture
 Individual
 Other (specify) _____

2.4 Webpage: _____

2.5

Name of Camp: _____
Contact Person: _____

2.6 Name, Address and Description of Operations of all Subsidiary Companies:

Name	Address	Description

General Information:

2.7

Location of Camp Activities:

2.8 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.

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

2.9 Please check one:

- Clinic Day Camp Overnight Camp*

*If Overnight Camp, please indicate the length of stay:

2.10

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

b) Do you have a formal written policy for your employees and volunteers that prohibits abuse? Yes No

If yes, please provide full details:

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

d) 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, please provide full details:

e) 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:

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

2.11

Does the camp include any contact sports such as tackle football or contact hockey? Yes No

If yes, please describe:

2.12

Does the client have any medical training such as first aid or CPR? Yes No

What is the maximum ratio of participants to coaches/adults?

2.13 Provide details of the client's experience and training running this type of camp.

2.14 List All Sessions:

Dates	Type of Sport	Number of Participants			Number of Days
		Under 12	13-18	Over 18	

Please enclose a copy of your camp brochure, waiver and other descriptive information.

Section 3: Liability

3.1 Contractual Liability

a)	Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:					
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please advise procedures followed and details of contracts used:					
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
	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	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, in whole or part, please explain:					
<hr/>					
<hr/>					
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3.2 Protective Liability

<p>a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, what is the annual cost of work?</p>				
	Let:	\$		
	Sublet:	\$		
<p>If yes, please give details of the sublet:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>				
<p>b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.3 Non-Owned Automobile

<p>a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please give details:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>				
<p>b) Does the Insured rent or lease vehicles from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, (i) How often per year? :</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>				
<p>(ii) Are any of these vehicles driven in the United States?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>c) Does the Insured contract services from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please describe:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>				
<p>d) Are vehicles used to transport anyone?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, how often and for what purpose?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>				

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.4 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.):

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Section 5: Limits of Liability Required

5.1

Is Participant Liability Insurance required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Limit required:	\$			

5.2 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other (specify):	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application 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 Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: