APPLICATION FOR SPORTS CAMPS

Cannot bind without being completed and signed by applicant

PART 1: GENERAL INFORMATION

1. Applicant's Legal Name: _____
   a. Mailing Address: _____
   b. City, Prov.: _____ Postal Code: _____
   c. Telephone: _____ Facsimile: _____
   d. Location name/address: _____
2. Contact Person: _____ Telephone: _____
3. Operating Since: _____
4. Applicant is a: ☐ Non-profit Association ☐ Team/League ☐ Proprietorship ☐ Corporation ☐ Partnership
5. Affiliations: *Provincial* - _____ _____ *National* - _____ _____
6. Applying for:
   ☐ $2,000,000.00 Commercial General Liability *with NO Accident coverage*
   ☐ $2,000,000.00 Commercial General Liability *with Accident*
   ☐ Other: _____
7. Desired effective date: _____ Expiry date: _____

PART 2: UNDERWRITING INFORMATION

8. Identify sports activity: _____ _____ _____
9. Number of students:

13 years of age and under	(Male) _____	(Female) _____	Total _____
14 — 18 years of age	(Male) _____	(Female) _____	Total _____
19 — 34 years of age	(Male) _____	(Female) _____	Total _____
34 — 65 years of age	(Male) _____	(Female) _____	Total _____
66 years of age and older	(Male) _____	(Female) _____	Total _____
Total number of students:	(Male) _____	(Female) _____	Total _____

10. Any US or Foreign Participants: _____
11. Number of Instructors: _____ Number of volunteers: _____ Number of Directors: _____
12. Number of scheduled sessions: _____
13. Are all practices, exhibitions competitions and contests sanctioned by the applicant? ☐ Yes ☐ No
    If "No"; explain: _____
14. Describe other activities: _____
    _____
15. Are there any activities involving trampolines and/or inflatable jumping pillows: _____
    If so, please explain: _____

16. Describe mandatory safety equipment worn: _____

17. List on-site equipment for students use (bags, weights, pools, etc.): _____

18. Describe on-site first-aid facilities: _____

19. Are instructors required to maintain first-aid certification? ☐ Yes ☐ No
    If "Yes"; what level must be maintained: ☐ Survival ☐ Industrial ☐ St. John's ☐ CPR ☐ Other

20. Qualifications of instructors: _____

21. Distance to nearest medical center: _____ city blocks or _____ minutes

22. To complete the application, attach copies of the applicant's:
    ☐ Student Registration Form ☐ Medical Questionnaire ☐ Waiver of Liability ☐ Instruction Schedules

23. Do you have any potential for travel to the United States? _____

PART 3: INSURANCE AND LOSS HISTORY

24. Is this the applicant's initial application for insurance: ☐ Yes ☐ No
    If "No"; identify applicant's current insurance carrier: _____

25. Has any insurance company refused or cancelled coverage for the applicant? ☐ Yes ☐ No
    If "Yes"; explain: _____

26. Current limits for: Commercial General Liability: _____ Accident: _____
    Other; identify: _____ Limit: _____

27. Provide detail of applicant's loss history for the past three (3) years. ☐ No losses to report

Type of claim *(Liability/Accident)*	Paid by applicant or insurer	Amount Paid

28. Estimated annual gross receipts of the Applicant: _____

29. Additional information or remarks that will assist in the evaluation of this application: _____

IMPORTANT NOTICE: *Please Read Carefully*

1. It is understood and agreed that coverage WILL NOT apply to bodily injury to a participant unless the applicant implement sufficient procedures to secure from each participant, and deliver to us simultaneously with notice of a participant claim, a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy, dated and signed by the participant prior to the time of the occurrence in which the participant was injured.
2. It is understood and agreed that the completion of this application SHALL NOT be binding either upon the Applicant nor the Company until accepted by the underwriting company or companies.

_____ _____

Applicant's Signature Position

_____ _____

Print Name Date

FOR OFFICE USE ONLY