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Sports Camps/Clinics/Leagues General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

 Agent No. _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$	Premises/Operations
Products & Completed Operations Aggregate \$	
Personal & Advertising Injury \$	Products/Completed Operations
Each Occurrence \$	
Fire Damage (any one fire) \$	Other
Medical Expense (any one person) \$	
Other Coverages, Restrictions, and/or Endorsements	Total
Deductible \$	\$

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

APPLICANT PREMISES OPERATIONS INFORMATION

SECTION I—SPORTS CAMPS QUESTIONNAIRE
 (see Section 2 for Youth Leagues & Clinics)

1. **Name of camp** (if different than Applicant) _____
2. **Day camp opens** _____ **closes** _____
3. **Years in business** _____ **under present ownership** _____
4. **Applicant is** Individual Corporation Joint Venture Other (specify): _____
5. **Is the camp accredited by A.C.A.?** Yes No
6. **Is the camp a member of another camping association?** Yes No If yes, which one(s)? _____

SECTION 1 (Continued)

7. The camp is Coed Boys Girls Adults
8. The camp is a Day Camp Resident Camp Travel Camp
9. It is Private Nonprofit Agency Religious

PREMIUM BASIS

10. Estimated number of campers per day _____
11. How many days per week? _____ Weeks per year? _____

UNDERWRITING CRITERIA

12. Age range of campers _____
13. Total number of employees _____
14. What is the ratio of counselors to campers? _____
15. Does the applicant have accident and health coverage on the campers? Yes No If yes, who is the carrier and what are the limits of liability? _____

16. Any hold harmless agreements? Yes No If yes, with whom and what is the nature of the agreement? _____

17. Does the camp specialize in camping experiences for developmentally disabled individuals? Yes No
If yes, please provide a narrative of such program below or on a separate sheet, if necessary: _____

18. List the locations of the facilities where the camps are being held: _____

19. Describe all activities the campers will be involved in during the duration of their stay: _____

20. If the campers are participating in activities away from the camp, what is the mode of transportation and what arrangements are made to transport the participants? _____

21. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____

LOSS HISTORY

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

If the questions for Section 2—Youth Leagues and Clinics do not apply, please turn to the last page, read the fraud warnings and sign and date the application.

SECTION 2—YOUTH LEAGUES AND CLINICS QUESTIONNAIRE

1. Name of the league or clinic (if different than Applicant) _____
2. Name and address of the sponsor _____

3. Is the premises or playing field owned by the Applicant? Yes No If yes, what is the size and use of the premises, number of fields, and owned equipment on the premises? (Example: bleachers, nets, courts and goals): _____

4. Years in business? _____
5. Applicant is Individual Corporation Joint Venture Other (specify): _____
6. Number of coaches _____ If they are accredited, by whom? _____

7. Do the coaches carry their own insurance? Yes No If yes, who is the carrier and what are the limits of liability? _____
8. Is the league or clinic a member of an association? Yes No If yes, which one(s)? _____

9. The league or clinic is Coed Boys Girls Adults
10. The sports league or clinic is for Baseball Basketball Softball Archery Tennis
 Volleyball Bowling Running or cross country hiking

PREMIUM BASIS

11. The number of participants at the clinic is _____ The number of days for the clinic is _____
12. The total number of games for the sports league for the season is _____
13. The number of traveling tournaments is _____

UNDERWRITING CRITERIA

14. Age of the participants is _____
15. Total number of employees _____
16. What is the ratio of supervisors to participants? _____

17. Does the applicant have accident and health coverage on the participants? Yes No If yes, who is the carrier and what are the limits of liability? _____
18. Any hold harmless agreements? Yes No If yes, with whom and what is the nature of the agreement? _____
19. Does the clinic or league specialize in workshops or games for developmentally disabled individuals? Yes No
If yes, please provide a narrative of such program below or on a separate sheet, if necessary: _____
20. If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport the participants? _____
21. What safety equipment is required to be worn by the participants and are they advised to its proper use? _____
22. List the locations of the facilities where the games are being held: _____
23. List the complete names and addresses of the facilities which have requested being named as an additional insured on the policy: _____
24. Do they have a snack bar, sports shop, or other retail business? Yes No If yes, describe and indicate the estimated gross sales: _____

LOSS HISTORY

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL IMPORTANT NOTICE ECTION/AUDIT _____

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Sports Camps/Clinics/Leagues