

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)? _____
 - 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? Yes No

AMERICAN MANAGEMENT CORPORATION
INSURANCE SERVICES
1109 Oak Street • P.O. Box 129 • Conway, AR 72033

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

Sports or Non-athletic Camps		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Non-Athletic	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Other: _____	
Sports or Athletic - Leagues, Competitions, Tournaments and Events		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Bowling
<input type="checkbox"/> Track	<input type="checkbox"/> Softball	<input type="checkbox"/> Broomball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cricket	<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Dance	<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Fishing (land or pier only)
<input type="checkbox"/> Frisbee	<input type="checkbox"/> Golf	<input type="checkbox"/> Horseshoes
<input type="checkbox"/> Kayaking (no whitewater exposure)	<input type="checkbox"/> Kickball	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Laser Tag	<input type="checkbox"/> Lawn bowling	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Mini Golf	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Rowing
<input type="checkbox"/> Snow Shoe Racing	<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Squash
<input type="checkbox"/> Surfing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tee ball
<input type="checkbox"/> Tennis	<input type="checkbox"/> Walking	<input type="checkbox"/> Biking
<input type="checkbox"/> Running - >10 Miles	<input type="checkbox"/> Running - < 10 Miles	<input type="checkbox"/> Triathlon
<input type="checkbox"/> Other: _____		

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