

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

Sports Camps/Clinics/Leagues General Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web site Address _____

Agency Name _____
Agent _____
Address _____

E-mail _____
Phone _____

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

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

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

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Limited Participant Coverage	\$25,000/\$50,000 (included)
Sexual and/or Physical Abuse Coverage	\$25,000/\$50,000 (included)
Other Coverages, Restrictions, and/or Endorsements: _____ _____	\$
Deductible	\$

A. GENERAL INFORMATION:

1. Operation is: Camp Clinic League

2. Additional Insured Information:

Name	Address

3. Does applicant have any operations as a sports scout, agent or booking agency?..... Yes No
If yes, advise: _____

4. Any previous or pending allegations of physical or sexual abuse? Yes No
If yes, explain: _____

5. Are any fund-raising events held that applicant sponsors? Yes No
 Bake sales Car washes Other (describe): _____

6. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
If yes, describe: _____

7. During the past three years, has any company ever canceled, nonrenewed, declined or refused to issue similar insurance to the applicant (not applicable in Missouri)?..... Yes No
If yes, explain: _____

8. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

9. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Coverage					
Policy No.					
Total Premium					

10. Loss History—Five Year Period:

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

B. SPORTS CAMPS QUESTIONNAIRE (see SECTION C. for Youth Leagues and Clinics)

1. **Name of camp** (if different than Applicant): _____
2. **List all sports included:** _____
3. **Will campers stay overnight?** Yes No
If no, advise when Day Camp opens: _____ Advise when Day Camp closes: _____
4. **Years in business:** _____ **Years under present ownership:** _____
5. **Is the camp accredited by A.C.A. (American Camp Association)?** Yes No
6. **Is the camp a member of another camping association?** Yes No
If yes, which one(s)? _____

7. **Estimated number of campers per day:** _____
8. **How many days per week:** _____ **How many weeks per year:** _____
9. **Total number of campers days** (Total number of "camper days" shall be the sum of the daily number of campers for each day the camp is in operation during the policy period.): _____
10. **The camp is for:** Boys Girls Adults
11. **The camp is a:**
 Boot Camp Yes No Resident Camp Yes No
 College Athletes Camp Yes No Tough Love Camp Yes No
 Other than Sports Camp Yes No Travel Camp Yes No
 Outward Bound Program Yes No Wilderness/Survival Camp Yes No
 Pro Athletes Camp Yes No
12. **Camp is operated by:** Private Organization Nonprofit Organization Religious Organization
13. **Age range of campers:** _____
14. **Total number of employees:** _____
15. **Ratio of counselors to campers:** _____
16. **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? _____

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

18. **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: _____

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

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

- a. Will campers ride horses? Yes No
- b. Are there snowmobiles for campers use? Yes No
- c. Are there motorized watercrafts? Yes No
If yes, advise how many and describe: _____

d. Are there boats in excess of twenty-six feet (26 ft.) in length or that have motors over seventy-five (75) HP? Yes No
If yes, how many? _____

e. Is there a swimming pool or other bodies of water where swimming is permitted? Yes No
If yes:

(1) Number of pools: _____

(2) Describe other bodies of water: _____

(3) Pool area fenced with self-latching gate? Yes No

(4) Depths marked? Yes No

(5) Rules posted? Yes No

(6) Life safety equipment at poolside/lakeside? Yes No

(7) Platforms or diving boards? Yes No Height: _____

(8) Slides? Yes No Height: _____

(9) Lifeguards? Yes No

(a) If yes, by Applicant or outside contractor? _____
If outside contractor, are certificates of insurance on file? Yes No

(b) Are lifeguards Red Cross certified? Yes No

(10) Ratio of attendants to children while swimming: _____ to _____

(11) Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

21. Are staff members trained in CPR? Yes No
Is a CPR trained staff member on duty at all times? Yes No

22. 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? _____

If applicant transports participants, advise name of auto carrier and limits: _____

If the questions for SECTION C.—YOUTH LEAGUES AND CLINICS do not apply, please turn to the last page, read the fraud warnings and sign and date the application.

C. YOUTH LEAGUES AND CLINICS QUESTIONNAIRE (see SECTION B. for Sports Camps)

1. Name of the league or clinic (if different than Applicant): _____

2. Any overnight stays? Yes No

3. Name and address of the sponsor: _____

4. 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)? _____

5. Years in business: _____

6. Number of clinic participants: _____ Number of days for the clinic: _____

7. Total number of games for the sports league for the season: _____

8. Number of traveling tournaments: _____

9. Ages of the participants: _____

10. Number of coaches: _____ If accredited, by whom: _____

11. Do the coaches carry their own insurance? Yes No

If yes, who is the carrier and what are the limits of liability? _____

12. Is the league or clinic a member of an association? Yes No

If yes, which one(s)? _____

13. The league or clinic is for: Boys Girls Adults College Athletes Pro Athletes

14. Indicate all sports/activities played or instructed:

- Archery Diving Hockey Scuba Diving Surf
- Baseball Football (flag) La Crosse Skateboarding Swimming
- Basketball Football (tackle) Polo Sky Diving Tennis
- Bowling Golf Rappelling Soccer Volleyball
- Boxing Gymnastics Rugby Softball Water/Snow Skiing
- Cheerleading Hang Gliding Running Squash Wrestling
- Cross Country Hiking Other: _____

15. Swimming pool on premises? Yes No

If yes:

a. Number of pools: _____

b. Describe other bodies of water: _____

c. Pool area fenced with self-latching gate? Yes No

d. Depths marked? Yes No

e. Rules posted? Yes No

f. Life safety equipment at poolside/lakeside? Yes No

g. Platforms or diving boards? Yes No Height: _____

h. Slides? Yes No Height: _____

i. Lifeguards? Yes No

(1) If yes, by Applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file? Yes No

(2) Are lifeguards Red Cross certified? Yes No

j. Ratio of attendants to children while swimming: _____ to _____

k. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

16. **Are staff members trained in CPR?** Yes No
 Is a CPR trained staff member on duty at all times? Yes No
17. **Total number of employees:** _____
18. **What is the ratio of supervisors to participants:** _____
19. **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? _____

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

21. **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: _____

22. **If they participate in traveling tournaments, what is the mode of transportation and what arrangements are made to transport the participants?** _____
 If applicant transports participants, advise name of auto carrier: _____

23. **List what safety equipment is required to be worn by the participants and are they advised to its proper use:** _____

24. **List the locations of the facilities where the games/clinics are being held:** _____

25. **Do they have a snack bar, sports shop or other retail business?** Yes No
 If yes, describe and indicate the estimated gross sales: _____

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.

FRAUD WARNINGS

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In ad-

dition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

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.