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 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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 Scottsdale, Arizona 85258

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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

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 II for Youth Leagues and Clinics)

- Name of camp** (if different than Applicant): _____
- Day camp opens:** _____ **closes:** _____
Will campers stay overnight?..... Yes No
- Years in business:** _____ **under present ownership:** _____
- Applicant is:** Individual Corporation Joint Venture Other (specify): _____
- 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)? _____

7. The camp is: Coed Boys Girls Adults

8. The camp is a: Day Camp Resident Camp Travel Camp Outward Bound Program
 Tough Love Program Other than sports Agency Pro Athletes

9. It is: Private Nonprofit Religious College Athletes

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: _____

Will campers ride horses or snowmobiles? Yes No

Are there boats in excess of 26 ft. in length or that have motors over 75 HP? Yes No

If yes, how many? _____

Is there a swimming pool or other bodies of water where swimming is permitted? Yes No

If yes: Platforms or diving boards? Yes No Height: _____

Slides? Yes No Height: _____

Life safety equipment at poolside/lakeside? Yes No

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

Are the rules posted? Yes No

Are the attendants certified lifeguards or CPR certified? Yes No

Ratio of attendants to children while swimming: _____ to _____

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? _____

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

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

22. Any previous or pending allegations of physical or sexual abuse?..... Yes No

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

23. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

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

SECTION II—YOUTH LEAGUES AND CLINICS QUESTIONNAIRE

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. Applicant is: Individual Corporation Joint Venture Other (specify): _____

7. Number of coaches: _____ If they are accredited, by whom? _____

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

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

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

If yes, which one(s)? _____

10. The league or clinic is: Coed Boys Girls Adults College Athletes Pro Athletes

11. The sports league or clinic is for:

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Running or Cross Country Hiking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Water/Snow Skiing |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Polo | <input type="checkbox"/> Softball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Squash | |

- 12. Swimming pool on premises?** Yes No
- Platforms or diving boards? Yes No Height: _____
- Slides? Yes No Height: _____
- Life safety equipment at poolside? Yes No
- Pool area fenced with self-latching gate? Yes No
- Are the rules posted? Yes No
- Are the attendants certified lifeguards or CPR certified? Yes No

PREMIUM BASIS

- 13. The number of participants at the clinic is:** _____ The number of days for the clinic is: _____
- 14. The total number of games for the sports league for the season is:** _____
- 15. The number of traveling tournaments is:** _____

UNDERWRITING CRITERIA

- 16. Ages of the participants are:** _____
- 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 participants?** Yes No
If yes, who is the carrier and what are the limits of liability? _____
- 20. Any hold harmless agreements?** Yes No
If yes, with 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. 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 are being held:** _____

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

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

27. Any previous or pending allegations of physical or sexual abuse? Yes No

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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

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 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active 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.