



SPORTS / CAMP

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME:

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

| | | | | | | |
|---------------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------------|------------------------------------------|--------------------------------|
| FEIN | Corporation <input type="checkbox"/> | LLC <input type="checkbox"/> | Partnership <input type="checkbox"/> | LLP <input type="checkbox"/> | Individual <input type="checkbox"/> | Other <input type="checkbox"/> |
| TYPE OF EVENT | Camp <input type="checkbox"/> | Team <input type="checkbox"/> | League <input type="checkbox"/> | Tournament <input type="checkbox"/> | Clinics/Lessons <input type="checkbox"/> | |

| | |
|----------------------------|----------|
| Mailing Address: | |
| Operations Address: | |
| Op Address #2: | |
| Website Address: | |
| E-Mail Address: | Phone #: |
| Description of Operations: | |

Do you conduct any Operations or Businesses or Activities not covered under this application of insurance? Yes No

If "yes", please describe:

| | | |
|--------------------------|---------------------------|-------------------|
| Proposed Effective Date: | Proposed Expiration Date: | Operating Season: |
|--------------------------|---------------------------|-------------------|

| | |
|-----------------------------|--------------------------------------------------------|
| Length of time In Business: | Total Management Experience in this type of Operation: |
|-----------------------------|--------------------------------------------------------|

*** If a new Venture or Operation, **IT IS MANDATORY** to submit a Resume or a Summary of Qualifications ***

Has Your Insurance Ever Been Cancelled or Non-Renewed? Yes No

If Yes - Please explain:

| | | | |
|------------------------|----------------------------------------------------------|--------------|-----------------|
| Set Up/Tear Down Days? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Set Up Date: | Tear Down Date: |
|------------------------|----------------------------------------------------------|--------------|-----------------|

| | | | |
|----------------------|-------|------|----------------------------------|
| Hours of Operations: | Days: | Hrs: | TOTAL # OF EXPOSURE DAYS: |
|----------------------|-------|------|----------------------------------|

Submission requirements for all Operations:

- Copies of Advertising Materials:
- 3 Years of Loss Runs from Prior Carriers
- Resume of coaches and/or instructors

| ADDITIONAL INSURED (As they are to appear on the Policy) | | Check Here if None: <input type="checkbox"/> |
|----------------------------------------------------------|---------|----------------------------------------------|
| Name | Address | Relationship to you |
| | | |
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PRIOR CARRIER INFORMATION

| NAME OF COMPANY | POLICY DATES | PREMIUM | LOSSES |
|-----------------|--------------|---------|--------|
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HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS: YES / NO (If yes please provide details below)

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REVENUE / ATTENDANCE BREAKDOWN FOR ALL ACTIVITIES

| | |
|-------------------------------------|---------------------------------------------------------|
| Total Receipts for the last season: | Total Participants & Spectators last season: |
|-------------------------------------|---------------------------------------------------------|

| | |
|-------------------------------------|-------------------------------------------------------------|
| Estimated Receipts for this season: | Estimated Participants & Spectators this season: |
|-------------------------------------|-------------------------------------------------------------|

ALL ACTIVITIES MUST BE DECLARED - Please check all operations

| ACTIVITY | # OF PARTICIPANTS | ACTIVITY | # OF PARTICIPANTS | ACTIVITY | # OF PARTICIPANTS |
|------------------------------------------------------|-------------------|-----------------|-------------------|------------------------------------------------------|-------------------|
| Archery | | Flag Football | | Snowshoeing | |
| Badminton | | Golf | | Soccer | |
| Baseball - # of Teams Youth or Adult (circle one) | | Gymnastics | | Softball - # of Teams Youth or Adult (circle one) | |
| Basketball | | Handball | | Squash | |
| Baton Twirling | | Hiking | | Swimming | |
| Billiards | | Ice-Hockey | | Synchronized Swimming | |
| Bowling | | In-Line Skating | | Tackle Football | |
| Boxing | | Kayaking | | Tennis | |
| Cheerleading | | Lacrosse | | Toddler | |
| Climbing / Top Roping | | Lawn Bowling | | Touch Football | |
| Cricket | | Martial Arts | | Track | |
| Cross Country | | Racquetball | | Tree Climbing | |
| Cycling | | Rifle | | Triathlon | |
| Dance | | Roller Derby | | Ultimate Disk | |
| Dodgeball | | Rowing/Paddling | | Volleyball | |
| Fencing | | Rugby | | Water Aerobics | |
| Field Hockey | | Running | | Water Polo | |
| Figure Skating | | Singing | | Weightlifting | |
| Fishing | | Skiing | | Wrestling | |
| Fitness Studio | | Snorkeling | | | |

GENERAL OPERATIONS

- 1. Will participants be required to sign a waiver/release of liability? Yes No
 1a. IF YES, for which activities: _____
- 2. Is this application to include coverage for all premises/operations? Yes No
- 3. Are Vendors, Attractions Owners, & Performers required to carry their own insurance? Yes No
 3a. IF YES, what limit? _____
- 4. Is there an Emergency Evacuation Plan in place? Yes No
- 5. Is there an Ambulance Service in attendance? Yes No
- 6. Does any advertising make any representation about the safety or security of the premises? Yes No
- 7. Do you have Security Measures in place? Yes No
 7a. IF YES, describe: _____
 7b. IF third party, name of security firm:
 7c. Number of security personnel:
 7d. IF security is provide by independent contractor, are you listed as an additional insured with 1M limits? Yes No
 7e. Will there be armed security? Yes No
- 8. Have any crimes occurred or been attempted at the event location within the last 3 years? Yes No
- 9. Do you provide parking? Yes No
- 10. Are public parking areas well-lit and supervised? Yes No
- 11. Do you prohibit the public to bring their pets? Yes No
- 12. Are walking surfaces kept clear of debris and even? Yes No
- 13. Do you use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives? Yes No
- 14. Do you use any pyrotechnics, or use of mechanical device that will be ridden (excluding sports equipment)? Yes No
- 15. Is your operation located on or near a boat or waterways? Yes No
- 16. Are you utilizing any type of watercraft? Yes No
 16a. IF YES, do they have their own coverage? Yes No
 16b. IF NO, do we need to provide watercraft liability? If yes, you must complete the watercraft schedule below. Yes No
- 17. Are background checks completed on all employees, coaches & volunteers – If not all, circle those that apply Yes No
- 18. Has any employee, coach or volunteer had a criminal record? Yes No
- 19. Has any employee, coach or volunteer had their driver’s license revoked or suspended in the past 3 years? Yes No
- 20. Is there at least one employee, coach or volunteer on site at all times that obtains a CPR/First Aid Certification? Yes No
- 21. Are your employees, coaches, and volunteers trained for the selected activities? Yes No
- 22. Are your employees, coaches, and volunteers 18 years or older? Yes No
- 23. Describe your procedures for verifying coaches and/or instructor qualifications: N/A

WATERCRAFT SCHEDULE

NO EXPOSURE

| # OF WATERCRAFT | MAKE/ MODEL OF WATERCRAFT | HULL ID # (not applicable to Kayaks, Canoes, Stand Up Paddleboards) |
|-----------------|---------------------------|---------------------------------------------------------------------|
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BATTING CAGES

NO EXPOSURE

1. Are the batting areas clearly marked for right handed and left handed batters? Yes No
2. Are home plates clearly marked? Yes No
3. Are helmets and other safety equipment required to be worn? Yes No
4. Are machine velocities checked & calibrated? Yes No
 - 4a. By Whom? _____ How Often? _____
5. Do you keep records of maintenance? Yes No
 - 5A. IF YES, how long do you keep records? _____
6. What is the max pitching speed allowed? _____
7. Are batters able to alter the pitching speed? Yes No
8. What is the minimum allowed: Age _____ Height _____
9. How many people are allowed in the batting cage at one time? _____

OPTIONAL LIABILITY COVERAGES

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|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Abuse and Molestation: <i>Background Checks are required prior to quoting</i> | <input type="checkbox"/> 100,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 |
| Hired and Non Owned Auto | <input type="checkbox"/> 1,000,000 |

SPORTS AND CAMPS – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

**BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.**

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

| No. | Initials | Requirements |
|-----|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | | A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident. |
| 2 | | Prior to participation in an activity, each participant shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (1 form) and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release" 1 form) provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years. |
| 3 | | Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs. |
| 4 | | You will not allow participants to engage in any activity which was not disclosed on your application. |
| 5 | | Participants will follow the rules and use all required safety protection as set forth by the National Governing body for that sport. WHERE NO NATIONAL GOVERNING BODY EXISTS participants will follow the rules & safety guidelines as provided to the insurer by you. |
| 6 | | You will have on site, an individual with the following current certifications: Cardiopulmonary Resuscitation and First Aid. This individual must exhibit proficiency in emergency techniques, be capable of following instructions for the proper use of safety equipment and be able to notify medical personnel. A fully functional and sufficient First Aid Kit and an Emergency Cell Phone must be available at all times. All personnel must be aware of this equipment and how it is operated. |
| 7 | | You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions. |
| 8 | | Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant. |
| 9 | | Employees, coaches and volunteers must be properly trained and experienced on all activities to enforce all eligibility and safety requirements. |
| 10 | | All incidents regardless of severity will be reported to the company immediately. |

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL.

| No. | Explanation and Comments: |
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I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

Applicant's Signature

Date:

Applicant's Title:

Applicant's Printed Name
FORM 5007 (1016)