

**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 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 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**

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

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify) \_\_\_\_\_

**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. **Does applicant have any operations as a sports scout, agent or booking agency?** .....  Yes  No  
 If yes, advise: \_\_\_\_\_
3. **Any previous or pending allegations of sexual and/or physical abuse?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
4. **Is there a swimming pool or other bodies of water where swimming is permitted?** .....  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 and/or waterfront? .....  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: \_\_\_\_\_
  - k. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No
5. **Are staff members trained in CPR?** .....  Yes  No  
 Is a CPR trained staff member on duty at all times? .....  Yes  No
6. **Does applicant subcontract any operations?** .....  Yes  No  
 If yes:
- a. Description of operations subcontracted: \_\_\_\_\_
  - b. Annual cost of subcontracted work: \_\_\_\_\_
  - c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? .....  Yes  No  
 If yes, minimum General Liability limits required: \_\_\_\_\_
  - d. Are certificates of insurance required from all subcontractors? .....  Yes  No
  - e. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No
  - f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No

**7. Additional Insured Information:**

Name	Address	Interest

8. Any fund-raising events held that applicant sponsors?..... Yes  No  
 If yes:  Bake sales  Car washes  Other (describe): \_\_\_\_\_
9. 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: \_\_\_\_\_
10. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ..... Yes  No  
 If yes, explain: \_\_\_\_\_
11. Does applicant have other business ventures for which coverage is not requested? ..... Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

12. Prior Carrier Information:

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

13. 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 five years. <input type="checkbox"/> Check if no losses last five years.				
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 camp accredited by A.C.A. (American Camp Association)? ..... Yes  No
6. Is 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 is camp operated? \_\_\_\_\_ 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. **Camp is for:**     Boys     Girls     Adults
11. **Camp is a:**
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Boot camp.....                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> College athletes camp.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other than sports camp .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Outward bound program ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Professional athletes camp..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Resident camp .....         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tough love camp .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Travel camp.....            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Wilderness/Survival camp.....   | <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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
21. Are there motorized watercraft? .....  Yes    No  
If yes, advise how many and describe: \_\_\_\_\_
22. Are there boats in excess of twenty-six (26) feet in length or that have motors over seventy-five (75) HP? .....  Yes    No  
If yes, how many? \_\_\_\_\_
23. **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: \_\_\_\_\_

24. Does applicant have a brochure and/or advertising material? .....  Yes  No

If yes, please attach.

If the questions for SECTION C—YOUTH LEAGUES AND CLINICS do not apply, please turn to the last page, read the fraud warnings, 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. Total number of employees: \_\_\_\_\_

7. Number of clinic participants: \_\_\_\_\_ Number of days for the clinic: \_\_\_\_\_

8. Total number of games for the sports league for the season: \_\_\_\_\_

9. Age range of the participants: \_\_\_\_\_

10. Number of coaches: \_\_\_\_\_ If accredited, by whom? \_\_\_\_\_

11. Ratio of supervisors to participants: \_\_\_\_\_

12. Do coaches carry their own insurance? .....  Yes  No

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

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

If yes, which one(s)? \_\_\_\_\_

14. League or clinic is for:  Boys  Girls  Adults  College Athletes  Professional Athletes

**15. Indicate all sports/activities played or instructed:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Baseball          | <input type="checkbox"/> Basketball           | <input type="checkbox"/> Bowling               |
| <input type="checkbox"/> Boxing          | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Cross country hiking | <input type="checkbox"/> Diving                |
| <input type="checkbox"/> Football (flag) | <input type="checkbox"/> Football (tackle) | <input type="checkbox"/> Golf                 | <input type="checkbox"/> Gymnastics            |
| <input type="checkbox"/> Hang gliding    | <input type="checkbox"/> Hockey            | <input type="checkbox"/> Lacrosse             | <input type="checkbox"/> Polo                  |
| <input type="checkbox"/> Rappelling      | <input type="checkbox"/> Roller derby      | <input type="checkbox"/> Rugby                | <input type="checkbox"/> Running               |
| <input type="checkbox"/> Scuba diving    | <input type="checkbox"/> Skateboarding     | <input type="checkbox"/> Sky diving           | <input type="checkbox"/> Snow skiing/boarding  |
| <input type="checkbox"/> Soccer          | <input type="checkbox"/> Softball          | <input type="checkbox"/> Squash               | <input type="checkbox"/> Surf                  |
| <input type="checkbox"/> Swimming        | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> Water skiing/boarding |
| <input type="checkbox"/> Wrestling       | <input type="checkbox"/> Other: _____      |   |  |

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, whom and what is the nature of the agreement? \_\_\_\_\_  
 \_\_\_\_\_
18. **Does the clinic or league specialize in workshops or games for developmentally disabled individuals?** .....  Yes  No  
 If yes, please provide details of program below or on a separate sheet, if necessary: \_\_\_\_\_  
 \_\_\_\_\_
19. **Does applicant participate in traveling tournaments?** .....  Yes  No  
 If yes:  
 a. How many? \_\_\_\_\_  
 b. What is the mode of transportation and what arrangements are made to transport the participants?  
 \_\_\_\_\_  
 c. If applicant transports participants, advise name of auto carrier: \_\_\_\_\_  
 \_\_\_\_\_
20. **List what safety equipment is required to be worn by the participants and are they advised to its proper use:** \_\_\_\_\_  
 \_\_\_\_\_
21. **List the locations of the facilities where the games/clinics are being held:** \_\_\_\_\_  
 \_\_\_\_\_
22. **Does applicant 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 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 ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 addition, 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 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 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 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.