



## Sports Camps Questionnaire

(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

Liability coverage (check the coverage desired)

- 1) General liability (includes sponsor's liability for injury to participants)   
     Limits desired:           Occurrence: \_\_\_\_\_  
   Aggregate: \_\_\_\_\_
- 2) Abuse & molestation option (limits within GL)
- 3) Participants' medical payments at \$1,000   
     or  
     Participants' medical payments at \$2,500
- 4) Additional insureds (Please list on the **Acord Application**)

Operations

1) Dates of operation: \_\_\_\_\_ to \_\_\_\_\_

2) Select the sport(s) and camp type:

- |                        |                          |          |                          |                 |                          |
|------------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|
| Baseball/Softball      | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Basketball             | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Football (no tackle)   | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Soccer                 | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Swimming               | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Tennis                 | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Volleyball             | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Wrestling              | <input type="checkbox"/> | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |
| Other (describe) _____ |                          | Day only | <input type="checkbox"/> | Day & Overnight | <input type="checkbox"/> |

(Please complete a sport-specific questionnaire for each sport checked above)

3) Total number of "day only" participants for all days \_\_\_\_\_

(Example: 16 day-only participants for 3 days and 10 day only for 1 day = 58)

4) Total number of "day & overnight" participants for all days \_\_\_\_\_

(Example: 10 overnight for 20 nights and 12 overnight for 6 nights = 272)

5) Please describe the camp (provide copies of any publicity):

\_\_\_\_\_



- 6) Is the camp:           not-for-profit?            incorporated?
- 7) Please indicate membership or affiliation with any state and/or national sports organization(s)  
\_\_\_\_\_
- 8) Are any meals or food provided or sold to participants?       Yes No  
If yes, who is the provider?\_\_\_\_\_
- 9) Please check any other sports or activities at the camp:
- |                                |                          |   |
|--------------------------------|--------------------------|---|
| Batting cages                  | <input type="checkbox"/> | (If yes, please complete the <b>Baseball/Softball Questionnaire</b> ) |
| Boating                        | <input type="checkbox"/> |   |
| Diving boards                  | <input type="checkbox"/> | (If yes, please complete <b>Swimming/Diving Questionnaire</b> )       |
| Handball or Racquetball courts | <input type="checkbox"/> | (number of courts)       _____  |
| Saddle animals                 | <input type="checkbox"/> |   |
| Skiing (water or snow)         | <input type="checkbox"/> |   |
| Swimming facilities            | <input type="checkbox"/> | (If yes, please complete the <b>Swimming/Diving Questionnaire</b> )   |
| Trampolines                    | <input type="checkbox"/> |   |
| Weight training equipment      | <input type="checkbox"/> |   |
| Other:                         | _____                    |   |
- 10) Age range of participants:\_\_\_\_\_ to\_\_\_\_\_
- 11) Is the camp co-ed?       Yes No       Percentage of:   male\_\_\_\_\_female\_\_\_\_\_
- 12) Are participants (or parents) required to sign waivers? (Please attach a copy.)       Yes No
- 13) Do you have an accident/medical policy for participants?       Yes No  
If yes, with what company?\_\_\_\_\_

**Staffing**

- 1) What is the usual ratio of instructors to participants?\_\_\_\_\_ instructors to\_\_\_\_\_ participants
- 2) Qualification and experience of instructors/volunteers:
- | Name/Position | Qualifications/Experience/Certification |
|---------------|---|
| _____         | _____                                   |
| _____         | _____                                   |
| _____         | _____                                   |
- (Use an additional page if necessary)
- 3) Do you employ any medical professionals?       Yes No  
(EMT, paramedics, doctors, nurses, therapists)  
If yes, please describe \_\_\_\_\_
- 4) Is any of your staff certified in:       CPR        First Aid   
If yes, please describe\_\_\_\_\_



Sexual Abuse (If located in Illinois and Michigan, this section MUST be completed)

(If located in any other state, complete ONLY if you desire coverage)

- 1) Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers?  Yes  No  
How often? \_\_\_\_\_
- 2) Does the applicant verify employment-related references?  Yes  No  
If yes, how? \_\_\_\_\_
- 3) Does the applicant conduct personal interviews?  Yes  No
- 4) Does the applicant discuss the following items at staff orientation?
  - a. Abuse and Molestation  Yes  No
  - b. How to recognize the signs of abuse  Yes  No
  - c. What to do if an individual reports someone molested him/her?  Yes  No
- 5) Does the applicant have knowledge of any incident which could give rise to, or result in, an allegation of sexual abuse?  Yes  No
- 6) Has there ever been an allegation of sexual abuse made against the insured?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Medical Assistance

- 1) Are first aid kits available?  Yes  No
- 2) Are annual background checks done on all staff?  Yes  No
- 3) Do you have a written medical emergency plan?  Yes  No
- 4) Do you have a written disaster management plan?  Yes  No
- 5) Are cell phones available?  Yes  No
- 6) What other medical help is available? \_\_\_\_\_

Sport Facilities

- 1) Do you own the facility at the camp?  Yes  No  
If no, who is the owner? \_\_\_\_\_
- 2) Who is responsible for maintaining and doing safety inspections of the facility? \_\_\_\_\_  
\_\_\_\_\_
- 3) Are there bleachers or a grandstand?  Yes  No  
If yes, # of rows \_\_\_\_\_ construction \_\_\_\_\_ type \_\_\_\_\_ condition \_\_\_\_\_
- 4) Describe any equipment you provide \_\_\_\_\_  
\_\_\_\_\_



- 5) Do you sell or rent any equipment to the camp participants?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 If yes, annual sales amount: \$ \_\_\_\_\_
- 6) Do you sell any food or beverages?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 If yes, annual sales amount: \$ \_\_\_\_\_

Travel

- 1) Is there any travel away from the camp?  Yes  No  
 If yes, please describe \_\_\_\_\_
- 2) Describe the mode of transportation \_\_\_\_\_  
 (If the camp owns any vehicles, please **complete an Acord auto application**, Auto not applicable in Michigan)
- 3) Do you verify that all drivers are properly licensed adults with acceptable MVRs?  Yes  No
- 4) Is anyone under age 21 allowed to transport participants?  Yes  No  
 If yes, please describe \_\_\_\_\_
- 5) Is parent/guardian permission obtained for minors who will be transported?  Yes  No

Overnight Camps

- 1) Location of sleeping facilities: \_\_\_\_\_  
 \_\_\_\_\_
- 2) Owner: \_\_\_\_\_
- 3) Description: \_\_\_\_\_
- 4) Number of stories: \_\_\_\_\_
- 5) Do these facilities conform to life safety standards?  Yes  No
- 6) Are the premises open to the general public?  Yes  No
- 7) How is security maintained? \_\_\_\_\_

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_

Agent's Signature \_\_\_\_\_  
Date