

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**

**CONTRACT DIVISION - SPORTS CAMPS, CLINICS AND LEAGUES - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>	<b>Date:</b>
<b>Insured:</b>	
<b>Insured Mailing Address:</b>	
<b>Insured's Web Address:</b>	
<b>Insured Contact Name:</b>	<b>Phone Number:</b>

**YEARS IN BUSINESS / EXPERIENCE**

\_\_\_\_\_ Years in business as the 'Named Insured' indicated on this application

\_\_\_\_\_ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.  
*(Missouri Applicants - Do not answer this question)*

Applicant in receivership

Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

**LOSS HISTORY**

Three years of loss history information provided on ACORD application or attached to this application

**OPERATIONS / EXPOSURES**

**Sports Camp Type** (see next page for Sports Clinics and Sports Leagues activities):

Day Camp     Other (describe): \_\_\_\_\_  
 Agency     Non-Profit     Private     Religious     Other (describe): \_\_\_\_\_

**Participant Ages:**

Under 5     5 to 12     13-16     16 – 21     22 to 59     60 and over

**Participant Genders:**

Boys     Girls     Coed

**SPORTS CAMPS, CLINICS AND LEAGUES - SUPPLEMENTAL APPLICATION**

**OPERATIONS / EXPOSURES (continued)**

**Participants – Developmental Disabled:**

Developmental disability exposures. If yes, percentage of total annual participants: \_\_\_\_\_ %

Types of activities provided for developmentally disabled:

**Coaches:**

Coaches If yes, number of coaches: \_\_\_\_\_

Accredited If yes, by whom: \_\_\_\_\_

Carry their own liability insurance and certificates provided to applicant

**Activities – Sports Clinics and Sports Leagues (only the types listed below are acceptable):**

Archery  Baseball  Basketball  Bowling  Running  Softball  Tennis

Volleyball

**Activities – Sports Camps:**

Off-Premises Activities (describe):

Describe how participants are transported to off-premises locations:

On-Premises Activities (describe):

**Accreditation and Associations:**

A.C.A.

Association Member If yes, name of association(s): \_\_\_\_\_

**Overnight:**

Overnight exposures If yes, provide details:

**Premises:**

Premises are leased

Premises are owned by applicant

Bleachers

Playing fields (baseball, softball) If yes, number of playing fields: \_\_\_\_\_

Courts (basketball, tennis or volleyball) If yes, number of courts: \_\_\_\_\_

Ranges (archery) If yes, number of archery ranges: \_\_\_\_\_

Running track If yes, length of running track: \_\_\_\_\_

Sports equipment owned by insured and stored on premises (i.e. nets, goals and similar)

**Risk Transfer:**

Accident and Health coverage is provided for participants by the applicant. If yes provide name of Carrier and Limits of Liability: \_\_\_\_\_

Contract with all participants includes a 'hold harmless' clause

**SUBCONTRACTORS / INDEPENDENT CONTRACTORS**

• Uninsured subcontractors are not acceptable.

• Risk Transfer – Subcontractors:

Additional Insured – Status granted to you on the subcontractor's policy

Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.

**SPORTS CAMPS, CLINICS AND LEAGUES - SUPPLEMENTAL APPLICATION**

**EMPLOYEES**

- Number of employees (included leased employees): \_\_\_\_\_
- **Ratio of counselors/supervisors to participants is:** 1 to \_\_\_\_\_ participants  
 CPR – at least one trained employee on duty at all times

**RATING / PREMIUM BASIS – SPORTS CLINICS OR SPORTS LEAGUES**

Clinics - Number of participants	
Clinics - Number of days	
Sports Leagues - Number of games per season	
Number of traveling tournaments	

**RATING / PREMIUM BASIS – SPORTS CAMPS**

Number of participants per day (estimated)	
Number of days per week	
Number of weeks per year	

**PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM**

New activities or expansion is anticipated (describe):

**COVERAGE OPTIONS - LIABILITY** (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

**COVERAGE OPTIONS - PROPERTY** (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523  
Property Coverage Enhancement:  Bronze – U777C  Silver – U777B or  Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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**GENERAL FRAUD STATEMENT (Not applicable in all states.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:*

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

**SIGN AND DATE**

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE