

SPORTS INSTRUCTORS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- Number of years' experience: _____
If new venture, provide prior experience: _____
- Describe all business operations conducted: _____
- Do you sponsor any sporting teams or events? Yes No
If yes, provide details: _____
- Currently or in the past have you had any warnings, suspensions, revocation or other restrictions due to failure to comply with safety codes or licensing standards? Yes No
If yes, provide details: _____

UNDERWRITING INFORMATION

- Type of Instruction: (Check all that apply)

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Karate/Judo	<input type="checkbox"/> Surfing
<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Paddle Boarding	<input type="checkbox"/> Swimming (excl. diving)
<input type="checkbox"/> Basketball	<input type="checkbox"/> Personal Trainers (general fitness only)	<input type="checkbox"/> Swimming (incl. diving)
<input type="checkbox"/> Boating	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Tennis
<input type="checkbox"/> Boxing	<input type="checkbox"/> Rugby	<input type="checkbox"/> Track (no high jump/pole vaulting)
<input type="checkbox"/> Football	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Golf	<input type="checkbox"/> Skating (ice)	<input type="checkbox"/> Wind Surfing
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Skating (roller)	<input type="checkbox"/> Wrestling
<input type="checkbox"/> High Jump/Pole Vaulting	<input type="checkbox"/> Skiing/Snowboarding	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	
- Are all instructors over the age of 18? Yes No
If no, provide details: _____
- Instructor to student ratio: _____ # Instructors: _____ # Students: _____
- Average age of participants: _____
- Do you conduct operations outside of the United States? Yes No
- Will any of the instruction take place off-site? Yes No
If yes, provide details: _____
- List types of equipment used in training (i.e. trampoline, climbing wall, etc.): _____
- Is instruction/coaching of professional athletes offered? Yes No
If yes, provide details: _____
- Do you use Independent Contractors?

	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you obtain Certificates of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are contracts in place?	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| 10. Do you have a formal safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, provide details: _____ | | |
| b. Is a signed release/waiver of liability required prior to participating in sports training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are all instructors trained in CPR? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide details: _____ | | |
| 12. Provide details regarding training of instructors/certifications: _____ | | |
| | | |
| 13. Are the following checked on Employees and Volunteers: | Yes | No |
| a. Personal references | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Previous employers | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Criminal background | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are records kept of all items checked (references, background checks, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		