

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	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other		
TYPE OF EVENT	<input type="checkbox"/> Camp <input type="checkbox"/> Team <input type="checkbox"/> League <input type="checkbox"/> Tournament <input type="checkbox"/> Clinics/Lessons		
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/>	Copies of Advertising Materials:		
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers		
<input type="checkbox"/>	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

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS: YES <input type="checkbox"/> / NO <input type="checkbox"/> (If yes please provide details below)	
	\$
	\$
	\$

REVENUE / ATTENDANCE BREAKDOWN FOR ALL ACTIVITIES

Total Receipts for the last season:	Total Participants & Spectators last season:
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Estimated Receipts for this season:	Estimated Participants & Spectators this season:
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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 provided 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
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WATERCRAFT SCHEDULE

NO EXPOSURE

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

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

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.**

**ALL OPERATIONS - ALL APPLICANTS MUST INITIAL STATEMENTS
*** 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:

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.

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

_____ Date: _____
Applicant's Signature

_____ Applicant's Title: _____
Applicant's Printed Name

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of Colorado: 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of New York: 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted.	
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.	
	Policyholder/Applicant's Signature	DATE
	MULTIPLE	
	Print Name	Syndicate on behalf of certain Underwriters at Lloyd's