

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Webpage: _____

2.5 Name of Camp: _____

Contact Person: _____

2.6 Name, Address and Description of Operations of all Subsidiary Companies:

Name	Address	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information

2.7 Location of Camp activities: _____

2.8 Additional Insureds: Owners and/or lessors of premises and sponsors are endorsed onto the policy automatically. Please list those Additional Insureds who would like to receive a Certificate of Insurance.

Name	Address	Relationship To You		
		<input type="checkbox"/> Property Owner	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other
		<input type="checkbox"/> Property Owner	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other
		<input type="checkbox"/> Property Owner	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other
		<input type="checkbox"/> Property Owner	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other

2.9 Type of Camp. Please check one:

☐ Clinic ☐ Daycamp ☐ Overnight Camp*

*If Overnight Camp, please indicate the length of stay: _____

2.10 What procedures do you follow to screen prospective employees and volunteers? _____

Do you have a formal written policy for your employees and volunteers that prohibits abuse? ☐ Yes ☐ No

If yes, please provide full details: _____

What are your procedures for handling allegations or complaints made about your employees and volunteers?

Have any allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years? ☐ Yes ☐ No

If yes, please provide full details: _____

Give details of all claims arising from abuse made against you, your employees, volunteers or any other person associated with your organization during the past 10 years: _____

Provide details of child abuse prevention and awareness training: _____

2.11

Does the camp include any contact sports such as tackle football or contact hockey?

☐ Yes☐ No

If yes, please describe:

2.12

Does the client have any medical training such as first aid or CPR?

☐ Yes☐ No

What is the maximum ratio of participants to coaches/adults?

2.13

Provide details of the client's experience and training running this type of camp.:

2.14

Dates	Type of Sport	Number of Participants			Number of Days
		Under 12	13-18	Over 18	

Please enclose a copy of your camp brochure, waiver and other descriptive information.

3.1 Contractual Liability

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

B. Does the Insured contract services from others for the purpose of operating vehicles

☐ Yes ☐ No

3.3 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No
If yes, please give details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No
If yes, (i) How often per year? _____
(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No
If yes, please describe: _____

D. Are vehicles used to transport anyone? ☐ Yes ☐ No
If yes, how often and for what purpose? _____

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No
If yes, please provide details: _____

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No
If yes, please provide details: _____

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No
If yes, please provide details: _____

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.): _____

SECTION 5: LIMITS OF LIABILITY REQUIRED

5.1 Is Participant Liability Insurance required? ☐ Yes ☐ No
Limit required: \$ _____

5.2 Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage \$	
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

SECTION 7: ADDITIONAL INFORMATION

[illegible]