

Youth Sports Camps and Clinics Application

Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: Individual Partnership Corporation LLC Nonprofit Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Location to be insured has been under present management since (year): _____

Is the applicant a member of any event safety association? Yes No

If yes, please provide name of association: _____

List previous names under which the applicant has operated, if applicable:

Name: _____

Name: _____

General Information

Are any of the applicant's camp/clinic attendees age 20 or over? Yes No

If yes, does the applicant allow more than two parents or adults to accompany youth participants in camp activities? Yes No

If yes, does the applicant offer any "adult only" instruction or competitions? Yes No

Is the applicant an: after school, day care, or latch key program? Yes No

Does the applicant own or maintain the facility(ies) where the camps/clinics take place? Yes No

Is the applicant a weight loss camp/program? Yes No

Do any of the applicant's camps/clinics include an all-star game or bowl game? Yes No

Are any of the applicant's camps/clinics a professional try-out or training camp? Yes No

Are any of the applicant's camps/clinics a recruiting event, showcase, or some combination? Yes No

Are any of the applicant's camps/clinics held on the property of a private home or residence? Yes No

Does the applicant's program include any trips away from the main location? Yes No

If yes, please describe (trips made away from the main location must be reported prior to occurring and be approved by us)

Are any of the applicant's camps/clinics by invitation only? Yes No

Is this a Pop Warner Little Scholars football or cheer camp/clinic? Yes No

If the applicant suspects an athlete has a concussion, do they have an action plan that includes:

Immediately removing the athlete from play or practice? Yes No

Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

Does the applicant's operation involve football? Yes No

If yes, does the applicant maintain a system for their football activities that includes communication (in written or electronic form) of educational materials to participants, parents, and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes No

Please list all camp sessions individually below. Coverage only applies to those camp sessions specifically reported, and each session must be listed individually. If the applicant has more than 4 camps, please provide information on a separate sheet.

Type of Camp Sessions	
Daily	(no overnight exposures) = 2 consecutive days or less OR multiple non-consecutive days
Weekly	(no overnight exposures) = 3-7 consecutive days (maximum 7 consecutive days)
Overnight/resident	(Note: Adult-accompanied camps are not eligible for this coverage) = 1-7 consecutive days

Camp/Session 1

Name of camp: _____

Type of camp (list type(s) of sport(s)/activity(ies)): _____

General Information (Continued)

Dates of camp: _____ to _____ Hours of operation: _____ to _____

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s): _____

Number of youth campers/participants (below age 19): _____

Number of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/resident Virtual

Camp/Session 2

Name of camp: _____

Type of camp (list type(s) of sport(s)/activity(ies)): _____

Dates of camp: _____ to _____ Hours of operation: _____ to _____

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s): _____

Number of youth campers/participants (below age 19): _____

Number of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/resident Virtual

Camp/Session 3

Name of camp: _____

Type of camp (list type(s) of sport(s)/activity(ies)): _____

Dates of camp: _____ to _____ Hours of operation: _____ to _____

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s): _____

Number of youth campers/participants (below age 19): _____

Number of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/resident Virtual

Camp/Session 4

Name of camp: _____

Type of camp (list type(s) of sport(s)/activity(ies)): _____

Dates of camp: _____ to _____ Hours of operation: _____ to _____

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s): _____

General Information (Continued)

Number of youth campers/participants (below age 19): _____

Number of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/resident Virtual

Additional Exposures – Sexual Abuse & Molestation

Does the applicant's organization currently have employees, volunteers, or independent contractors? Yes No

The term "volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.

Have any claims, allegations, or charges of abuse, molestation, or sexual misconduct been made against the applicant, or the applicant's organization, or anyone working on behalf of the applicant's organization? Yes No

If yes, please explain: _____

Is the applicant aware of any occurrences that could lead to a claim? Yes No

If yes, please describe: _____

Does the applicant, the applicant's organization, or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation, or sexual misconduct? Yes No

If yes:

Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

Are written procedures provided or available to each employee, volunteer, independent contractor, or sanctioning/governing body member? Yes No

Does the applicant's written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No

Additional Exposures – Sexual Abuse & Molestation (Continued)

Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by applicant's organization.

Please complete all questions	Employees	Volunteers/independent contractors
The term "Volunteers/independent contractors" in the following questions means someone who exerts control over or supervises participants.	<input type="checkbox"/> Check here if no employees	<input type="checkbox"/> Check here if no volunteers/independent contractors
Are employee/volunteer applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the employee/volunteer application include questions about whether the employee/volunteer has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, and the employee/volunteer checks yes, does the applicant reject the employee/volunteer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third-party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the applicant reject the employee/volunteer with any history of physical violence, or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses:

Submission Requirements

This application requires additional documentation:

- If the applicant has more than 4 camps, please provide information on a separate sheet

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

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

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

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 civil fines and criminal penalties.

Applicable in NY

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.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Statements / Signature

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

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 such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

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.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER