

# 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](mailto:info@aes.auw.com).***

# Fraud Statements / Signature

The following is part of the Application:

## Applicable in AL, AR, DC, LA, MD, NM, 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 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 FL and OK

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)\*. \*Applies in FL Only.

## Applicable in KS

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, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## Applicable in ME, TN, VA and WA

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 and denial of insurance benefits \*Applies in ME Only.

## 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 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 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.

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