



RPS Bollinger URMIA Sports Camp Insurance Application

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Date Prepared: ___/___/___

General Information

Name of Sports or Academic Camp _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

College/University where your camp is held _____

Address _____ City _____ State _____ Zip _____

University Contact _____ E-mail Address _____

Camp Organization is: Individual Corporation Partnership Other _____
(describe)

of years camp has been in operation _____ Web Site Address _____

Additional Insured Information

Does the College/University require special wording? Yes No If yes, please provide:

Does the College/University require an Endorsement? Yes No

Current Coverage Information (If Any)

General Liability

Ins. Company _____

Occurrence Limit _____

Aggregate Limit _____

Annual Premium _____

Any losses in the last 3 years? Yes No

Accident Medical

Ins. Company: _____

Limit _____

Deductible _____

Annual Premium _____

Any losses in the last 3 years? Yes No

If yes, please include complete loss history for all coverages.

Hired and Non-owned Auto coverage included? Yes No Annual Auto Rental costs, if any: \$ _____

General Program Information

The Risk Management link on this site and your college/university's risk management department should supply you with all the materials needed to answer these questions "yes." If you cannot, please call us for help with the required safety and loss prevention requirements.

1. Do you have a written safety program for your camp? Yes _____ No _____
2. Do you have a written emergency plan for a weather or other serious emergency? Yes _____ No _____
3. Do you have all parents sign a liability waiver? Yes _____ No _____
4. Do you have certified CPR and First Aid Personnel at your camp at all times? Yes _____ No _____
5. Do you have and will you use the Safekids Abuse Prevention Plan. Yes _____ No _____
6. Have you adopted the Heads-Up Concussion education and prevention program found at the following site and with the following materials. Yes _____ No _____

- Information can be obtained at: <http://www.cdc.gov/concussion/HeadsUp/index.html>

- At minimum, review the following documents:

- Fact sheet for coaches on concussion
- Fact sheet for athletes on concussion
- Fact sheet for parents on concussion
- Clipboard with concussion facts for coaches

7. Do you have a Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:

- Visit a licensed health care professional for evaluation and clearance, AND
- Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play.

Yes _____ No _____

8. Do you have off-site activities or trips? Yes _____ No _____

If yes, please explain: _____

***** Please continue to page 3 to enter specific camp information. *****

Camp Information

Please list camps separately	Camp Dates	Number of Campers Day/Commuter	Number of Campers Overnight/ Residential
Ex: Camp #	6/5/17 to 6/9/17	100	10
Camp #1			
Camp #2			
Camp #3			
Camp #4			
Camp #5			
Camp #6			
Camp #7			
Camp #8			
Camp #9			
Camp #10			

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your applications, your premium payment will be refunded.

FRAUD WARNING: 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 (\$5,000) and the claim for each such violation.

Applicant's Signature _____ Date _____