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After School Program Supplemental Application

Policy No. _____

Named insured: _____

Location of After School Program: _____

Time Program starts: _____ Time Program ends: _____

Average number of participants per day _____ Number of days per week _____

Number of weeks per year _____ Age range of participants: _____

Ratio of counselors to participants: _____

Annual revenue from after school program: _____

Are special permission slips and waivers obtained from participant's parents? Yes No

Explain: _____

Do you require all participants to carry Accident Medical Insurance? Yes No

Who will provide lunches and snacks for the participants? _____

Will there be cooking on premise? Yes No If yes, explain: _____

Please explain transportation: _____

Vans Bus Hired vehicle Other: _____

Do you own the vehicles? Yes No If so, do you have a commercial auto policy in place? Yes No

Do you allow any employees or volunteers transport participants in their personal vehicles? Yes No

If yes, describe: _____

Do any activities take place off the insured premise? Yes No If yes, explain: _____

Check ALL program activities: (additional underwriting information may be required)

- | | | |
|---|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Ballooning** | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Bicycle Trips | <input type="checkbox"/> Boating | <input type="checkbox"/> Boxing** |
| <input type="checkbox"/> Bungee Jumping** | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Caving* |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Cheerleading* | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Fireworks Displays at Camp* | <input type="checkbox"/> Fitness Training |
| <input type="checkbox"/> Flying** | <input type="checkbox"/> Football (tackle)** | <input type="checkbox"/> Football (touch or flag) |
| <input type="checkbox"/> Go Karts* | <input type="checkbox"/> Gymnastics* | <input type="checkbox"/> Hang Gliding** |
| <input type="checkbox"/> Hockey, Ice** | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hunting** |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Martial Arts* | <input type="checkbox"/> Mountain Biking* | <input type="checkbox"/> Paintball* |
| <input type="checkbox"/> Parasailing** | <input type="checkbox"/> Rock Climbing*/Rappelling | <input type="checkbox"/> Rocketry, Model rockets |
| <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Ropes Course/Climbing Towers* | <input type="checkbox"/> Rugby* |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Sail Boarding | <input type="checkbox"/> Scuba Diving* |
| <input type="checkbox"/> Shooting/Rifle Range | <input type="checkbox"/> Skateboarding* | <input type="checkbox"/> Skiing, Cross Country |
| <input type="checkbox"/> Skiing, Downhill/Alpine | <input type="checkbox"/> Skiing, Water | <input type="checkbox"/> Sky Diving** |
| <input type="checkbox"/> Surfing* | <input type="checkbox"/> Trampoline** | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Water Blobs* | <input type="checkbox"/> Water Trampoline* | <input type="checkbox"/> Whitewater Rafting* |
| <input type="checkbox"/> Windsurfing* | <input type="checkbox"/> Woodworking* | <input type="checkbox"/> Wrestling* |
| <input type="checkbox"/> Other, including extreme sports: (Describe): _____ | | |

* Please attach a copy of the safety plan for these activities.

** These activities are excluded.

Will the after school program involve the use of a swimming pool? Yes No

Does the after school program have a safety plan for all activities listed above? Yes No,

If yes, please attach a copy.

Are After School participants always attended by counselors? Yes No

What % of participants have special needs, including food allergies? _____

If any participants have special needs, is the entire staff informed about the limitations/abilities of the special needs participants regarding activities, diet, medical requirements, etc? Yes No

What is the minimum age of the counselors? _____

Do the counselors have CPR training? Yes No

Describe formal training, certification or previous experience of counselors? _____

Are criminal background checks performed on all personnel working with the children? Yes No

What service provides the background checks? _____

What measures are taken to prevent allegation of sexual abuse at your after school program? _____

Note: 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 application, 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 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____