



# Youth Camp and Clinic Supplemental Request Form

For Adding Additional Camp and/or Clinic Session Dates

This supplemental is valid for effective dates from 3/1/22 through 2/28/23

Please retain a copy of this form for your records.

**GENERAL INFORMATION**

Named insured (as it appears on your certificate of insurance): \_\_\_\_\_

Policy number (as it appears on your certificate of insurance): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**EXPOSURE INFORMATION**

Please note:

- You must submit this request form prior to the start of your camp and/or clinic
- You must provide the actual or maximum amount of expected campers. TBD numbers can not be accepted
- You may be subject to an audit
- Cancellations must be reported in writing on or before the start of the camp and/or clinic session

1. Do any of your camps include any of the following sports?  Yes  No

If yes, please check those that apply and answer questions a. and b.

<input type="radio"/> Cheerleading	<input type="radio"/> Gymnastics	<input type="radio"/> Roller hockey (quad)
<input type="radio"/> Deck/floor/street hockey	<input type="radio"/> Ice Hockey	<input type="radio"/> Soccer
<input type="radio"/> Field hockey	<input type="radio"/> Inline Hockey	<input type="radio"/> Water hockey
<input type="radio"/> Football	<input type="radio"/> Lacrosse	<input type="radio"/> Wrestling

a. If you suspect an athlete has a concussion, do you 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

b. Does your operation involve football?  Yes  No

If yes,

Do you maintain a system for your football activities that includes communication (in written or electronic form) of education 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

**Note:** The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html).

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent : John Sadler**  
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Please complete. Should you have more than 4 camps to add, please provide information on an additional sheet.

**Program Liability**

Rates - Class 1 & 2	Refer to brochure for applicable rates or contact us
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Camp #	List All Sessions Individually	Type of Sport/Camp	Rate	X	Actual # of Campers/Participants	=	Premium
1	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
2	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
3	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
4	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
<b>Program Premium Due:</b> Add all premium lines above to obtain premium due							\$

**Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

**Note:** Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. Camp #: \_\_\_\_\_

2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is the additional insured's relationship to you?

Owner/manager/lessor of premises (facility or venue)    Sponsor    Co-promoter

Other (please identify/explain): \_\_\_\_\_

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

4. Certificate holder/additional insured name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Does the certificate holder/additional insured require any special wording or endorsements?    Yes    No

If yes, check all that apply:    CG2026    Primary    Waiver of subrogation

Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**