

# Youth Sports Camps & Clinics Audit Form / Addition of Camps



PO Box 5866, Columbia, SC 29250-5866  
Phone (800)622-7370 Fax (803)256-4017

(For Camps/Clinics with Original Effective Date of 03/01/2019-02/28/2020)

## GENERAL INFORMATION

### NAMED INSURED:

(legal name of the business/organization)

**DOING BUSINESS AS:** (additional name(s) under which the named insured operates)

**MAILING ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**CONTACT NAME:**

**PHONE:**

**EMAIL ADDRESS:**

**CELL:**

Are you Auditing Camp Session(s) or Adding Camp Session(s)?  AUDITING CAMP SESSION(S)  ADDING NEW

### Class 1 Sports

- Baseball
- Basketball
- Strength and Conditioning
- Tennis
- Running (5k or 10k)
- Drill Team
- Golf
- Softball
- Squash
- Swimming
- Track & Field (excluding Javelin & Hammer)
- Wiffleball
- Water Polo
- Ultimate Frisbee
- Volleyball

### Class 2 Sports

- Cheerleading
- Gymnastics
- Ice Hockey
- Inline Hockey
- Lacrosse
- Deck/Field/Floor/Street Hockey
- Roller Hockey (quad)
- Water Hockey
- Soccer
- Wrestling
- Football

## GENERAL LIABILITY / MEDICAL PAYMENTS TO PARTICIPANT RATES

Types of Camp Sessions	Option 1 \$1,000,000 GL \$25,000 Med	Option 2 \$2,000,000 GL \$250,000 Med	Option 3 \$3,000,000 GL \$250,000 Med	Option 4 \$4,000,000 GL \$250,000 Med	Option 5 \$5,000,000 GL \$250,000 Med
<b>Rates (per participant)-Class 1</b>					
Per participant/per daily session	\$1.37	\$1.87	\$2.05	\$2.15	\$2.23
Per participant/per weekly session (camps 3-7 consecutive days)	\$4.12	\$5.70	\$6.24	\$6.56	\$6.79
Per participant/overnight camps (camps no more than 7 consecutive days)	\$5.48	\$7.57	\$8.27	\$8.70	\$9.01
<b>Rates (per participant)-Class 2</b>					
Per participant/per daily session	\$1.51	\$2.08	\$2.29	\$2.42	\$2.51
Per participant/per weekly session (Camps 3-7 consecutive days)	\$4.55	\$6.34	\$6.98	\$7.37	\$7.65
Per participant/overnight camps (Camps no more than 7 consecutive days)	\$6.05	\$8.41	\$9.10	\$9.59	\$9.95
<b>Minimum Premiums</b>	<b>\$240.00</b>	<b>\$360.00</b>	<b>\$610.00</b>	<b>\$860.00</b>	<b>\$1,110</b>

*Class 2 sports have the option to exclude coverage for brain injuries in order to receive premium credits.  
In order to receive credits, you must contact Sadler & Company directly at sport3@sadlersports.com.*

- Use rates above to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers / participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. "TBD" numbers cannot be accepted.
- The same limit option must be used for all camps. If multiple sports are in a single camp, then the highest sport class applies.
- Coverage only applies to those camp or clinic sessions specifically reported and each session must be individually listed.
- Please make a copy of this form if additional lines are needed to report your camp or clinic sessions.

## SEXUAL ABUSE & MOLESTATION LIABILITY PREMIUM

1. If you currently have Sexual Abuse or Molestation Liability Coverage in place, Sadler & Company will compute the additional premium due and send a payment link/email with the additional premium required. This premium must be paid prior to approving the addition of the camps.
2. If you would like to add this coverage to your policy mid-term, please contact us for additional information and the proper form to complete for review and approval.

## PREMIUM CALCULATION

### AUDIT PREVIOUS CLINIC/CAMP DATES

Complete the chart below based on the actual turnout of the camps that were held. Options and rate information are shown above. You must choose the same coverage option (Option 1 or 2) as the one you originally applied for. (Use additional sheet if needed.)

**If a refund is due based on the audit below, Sadler & Company will issue a refund once the audit is processed**

Sport Class 1 or 2	Dates of Camp/Clinic (from original app)	# of Days or Weeks	X	Daily or Weekly Rate (from original app)	X	ACTUAL # of Campers / Participants	=	Premium
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	

### ADDITION OF NEW CLINIC/CAMP DATES

**How do you wish to pay the additional premium?** These changes will only take effect once all information AND full payment is received.  Check/Copy of Check Enclosed made payable to Sadler & Company  Please send a credit card link to the email address above. (You will receive a link within 1-2 Business Days)

Sport Class 1 or 2	Coverage Option 1 or 2	Camp/Session # (see page 3)	# of Days or Weeks	X	Daily or Weekly Rate (from page 1)	X	# of Campers	=	Premium
				X		X		=	
				X		X		=	
				X		X		=	
				X		X		=	
				X		X		=	

### TO ADD CAMPS

Complete the chart below based on the anticipated camps/campers information. Options and rate information are shown on previous page. You must choose the same coverage option (Option 1 or 2) as the one you originally applied for. (Use additional sheet if needed.)

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 cannot 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
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you please see the section regarding this coverage.

**PLEASE ANSWER THE FOLLOWING:**

1. If you suspect an athlete has a concussion, do you have an action plan that includes:
  - a. Immediately removing the athlete from play or practice?  Yes  No
  - b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No
2. 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)

#### 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

1. Please list all camp sessions individually below. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.
2. Please make a copy of form if additional lines are needed to report your camp sessions.

<b>CAMP #1 – Name of Camp:</b>	
Type of Camp – list type(s) of sport(s)/activity(s):	
Camp Location (street, city, state, zip):	
Dates of Camp: ____/____/____ to ____/____/____	
Camp days (select all that apply):    Mon    Tues    Wed    Thurs    Fri    Sat    Sun	
Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.	
# of Youth Campers/Participants (below age 19): _____	# of Adult Campers/Participants: _____
Check all that apply: <input type="checkbox"/> Day Camp/Clinic <input type="checkbox"/> Week Camp/Clinic <input type="checkbox"/> Overnight Camp/Clinic	

<b>CAMP #2 – Name of Camp:</b>	
Type of Camp – list type(s) of sport(s)/activity(s):	
Camp Location (street, city, state, zip):	
Dates of Camp: ____/____/____ to ____/____/____	
Camp days (select all that apply):    Mon    Tues    Wed    Thurs    Fri    Sat    Sun	
Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.	
# of Youth Campers/Participants (below age 19): _____	# of Adult Campers/Participants: _____
Check all that apply: <input type="checkbox"/> Day Camp/Clinic <input type="checkbox"/> Week Camp/Clinic <input type="checkbox"/> Overnight Camp/Clinic	

**ADDITIONAL CERTIFICATES: Complete this section to request additional certificate(s)**

*Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.*

Type of certificate you are requesting:     Additional Insured     Evidence of Coverage  
 Relationship to you:     Owner/Lessor of Premises     Sponsor     Co Promoter

ENTITY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, check all that apply (Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.)</i> <input type="checkbox"/> Form CG2026 <input type="checkbox"/> Primary Endorsement		
<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Other (please explain):		

**WHAT TO SEND IN & WHERE TO SEND IT**

1. Return the following items to our office, within 30 days of the last day of the camp/clinic, in order for your request to be processed
  - Completed Camps & Clinics Audit Form, payment, roster of camper names (audit), brochure (addition of new camps)
2. Send the information requested above to our office via:

Mail: Sadler & Company Inc, PO Box 5866, Columbia SC 29250	Fax to: 803-256-4017	Email: <a href="mailto:camps@sadlersports.com">camps@sadlersports.com</a>
--	----------------------	---

**If Applicable SUBMITTING AGENT:**

**NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.**

<b>Agency Name:</b>		
<b>Contact Person:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by Sadler & Company, Inc., I will provide Sadler & Company, Inc. with reasonably satisfactory evidence of all of the above mentioned items.

A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

I understand that agents do not have authority to issue binders on a certificate of insurance on behalf of this program.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_