



Youth Camp and Clinic Supplemental Request Form

For Adding Additional Camp and/or Clinic Session Dates

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
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.

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

If yes, please check those that apply and answer questions #1 and #2.

<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

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

Regardless of general liability occurrence limits purchased, legal liability to participants coverage for football will be limited to \$1,000,000 per occurrence.

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.

Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
 E-mail = programs@relationinsurance.com • Fax 1-913-327-0201 • www.4RecSportsAndMore.com
 CA #0H18178, TX #1657333

**Please complete:
Program Liability**

Rates - Class 1 & 2

Refer to brochure for applicable rates or contact K&K

List All Sessions Individually	Type of Sport/Camp	Rate	X	Actual # of Campers/Participants	=	Premium
Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
Program Premium Due: Add all premium lines above to obtain premium due						\$

Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants/parties reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rates: Daily Rate = \$.14		Weekly Rate = \$.43		Overnight/Resident Rate = \$.57			
Camp/Session # (as reported on previous page)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	#of Campers	=	Premium
		X	\$	X		=	\$
		X	\$	X		=	\$
		X	\$	X		=	\$
Total Sexual Abuse or Sexual Molestation Liability Premium							\$

PAYMENT DUE

Program Liability Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
Total Premium Due (add lines above)	\$

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

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.

Date certificate needed by: ____ / ____ / ____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter

Other: _____

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? Yes No

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**).

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

If applicable: RE: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____

Hours of the event/activity: ____ A.M. / P.M. to ____ A.M. / P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us.

- E-mail programs@relationinsurance.com
- Fax 1-913-327-0201
- Mail Relation Insurance Services
P.O. Box 25936
Overland Park, KS 66225

PAYMENT INFORMATION

Check: Please make check payable to Relation Insurance Services.

Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____