



Kulin-Sohn Insurance Agency, Inc.
P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: (800) 640-6601 Fax: (847) 991-4351
Email applications to: Gmnst33@aol.com
Website: <http://www.gymnasticsinsurance.com/>

Camps Supplement

(Attach to the appropriate Kulin-Sohn Specialty program application.)

Business Name: _____

Policy Number: _____

Camps (including day camps, summer camps, sports camps, etc.)

1. Number of camp sessions and participants:

Type	Number of sessions	Average participants per session
Day:		
Overnight:		

2. Session information:

Session 1: Date held: ____/____/____
Location being held:
Street address:
City/State/Zip:

Session 2: Date held: ____/____/____
Location being held:
Street address:
City/State/Zip:

Session 3: Date held: ____/____/____
Location being held:
Street address:
City/State/Zip:

3. Days per week camp is in session: _____

4. Estimated number of participants who are: Currently enrolled: _____ Camp participants only: _____

5. Describe activities outside of your normal activities: _____

6. Are any Additional Insureds required? Yes No

If yes: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. This supplement becomes part of your application and must be signed and dated. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Authorization - 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.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____

(Florida only) Agent license number: _____