



POLICY NO: _____

Named Insured: _____

Location of Camp: _____

Date Camp Starts: _____ Date Camp Ends: _____

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

Number of weeks per year _____ Total number of camper days _____

Age range of participants _____ Ratio of counselors to participants _____

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

Explain: _____

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

Are there any overnight camp activities planned? Yes No

If yes, explain: _____

Who will provide lunches and snacks for participants? _____

Will there be cooking on premise? Yes No

If yes, explain: _____

Do any activities take place off the insured 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

Does the camp allow any employees or volunteers transport participants in the personal vehicle? Yes No

If yes, explain: _____

Check ALL the programs 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"/> Skating |
| <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.

Does the camp have a safety plan for all activities listed on page 1? Yes No

If so, please attach a copy.

Are campers always attended by counselors? Yes No

What percentage of campers have special needs? _____

If any campers have special needs, is the entire staff informed about the limitations/abilities of the special needs campers 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 or previous experience of counselors? Yes No

What service provides the background checks? _____

What measures are taken to prevent allegation of sexual abuse at your camp? _____

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**

IF YOUR CAMP WILL NOT INVOLVE THE USE OF A SWIMMING POOL OR OTHER BODY OF WATER PLEASE SKIP TO THE BOTTOM OF THE APPLICATION ON THE NEXT PAGE FOR SIGNATURE AND DATE.

Will the camp involve the use of a swimming pool? Yes No

Who owns the pool? _____

Is the swimming facility: Private Public Lake Ocean Other: _____

Is it (check all that apply):

On premises Off premises Above Ground Below Ground Indoor Outdoor

Are pool depths marked? Yes No

If pool is outdoors, is it completely fenced with at least a 5 foot fence? Yes No

Are gates locked when pool is not in use? Yes No

Are all chemicals kept in a dry, ventilated, locked storage area? Yes No

Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No

Do you loan or rent the pool to outside groups or individuals? Yes No

If yes, do you require them to sign a hold harmless agreement in your favor? Yes No

If yes, do you require a certificate of insurance & additional insured status on their policy? Yes No

If yes, do you provide the lifeguards? Yes No

If the facility you use is off premises, are you required to sign a contract? Yes No

If yes, do you hold the facility owners harmless in their favor? Yes No

Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)?

Yes No

If yes, how many? _____ If yes, who certifies the lifeguards? _____

Who supplies the lifeguards? _____

What is the lifeguard to swimmer ratio during swim times? _____ Lifeguards to _____ Swimmers

Do you document all lifeguard in-service training? Yes No

Is there a diving board? Yes No If yes, what is the height (in feet)? _____

What is the depth of the water in the diving area? _____ feet

Is the diving area clearly marked? Yes No

Does the diving area extend out at least 16 feet from the end of the diving board? Yes No

Is there a water slide? Yes No

If yes, please list in feet: height: _____ length: _____ depth of water where slide enters: _____

Please attach rules for use of the water slide.

Do you have water structures like water trampolines, blobs, inflatable platforms, etc? Yes No

If yes, list the type(s) of structure(s): _____

If facility is a **lake or body of water other than a pool** and is used for activities other than swimming, is the swim area separated and clearly marked? Yes No

Do you test each swimmer’s swimming ability prior to allowing them to use the facility? Yes No

Do non-swimmers wear a visible identification? Yes No

Are facility rules posted? Yes No Do the rules meet all state and local regulations? Yes No

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 _____