



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? \_\_\_\_\_

**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** \_\_\_\_\_