



CAMP INSURANCE APPLICATION

I. GENERAL INFORMATION

Name of Insured: _____

DBA (if applicable): _____

Name of CEO/President/Chairman of the Board _____

Principal Contact /Title (if not same as above) _____ E-Mail Address _____

Mailing Address: _____

Location Address (Incl. county) _____

Camp Season Phone: _____ Camp Season Fax _____

Off Season Phone: _____ Off Season Fax: _____

Camp Website: _____ FEIN# _____

Business Form: Corporation Partnership Joint Venture LLC Individual
 For Profit Not For Profit Other (explain) _____

Number of Years in business: _____ Number of years under present management: _____

State in which the organization is headquartered/chartered: _____

Policy Period requested: Effective Date: _____ Expiration Date: _____

Is the camp accredited by: ACA CCCA AEE Other: _____ If ACA, date of last visit: _____

Is the camp affiliated with a religious organization? Yes No If yes, which one? _____

Type of camp (Check all that apply): Day Resident Trip/Travel Sports Weight Loss Special Needs
 Social Service Programs Adult Coed Boys Girls Other (describe): _____

Has your coverage ever been cancelled or non-renewed? Yes No If so, why: _____

Please describe any prior losses over \$5,000 _____

PRIOR CARRIER INFORMATION (ONLY IF NEW BUSINESS)
 ATTACH FOUR YEARS CURRENT VALUED LOSS RUNS

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM

PRODUCING INSURANCE AGENT

Name/Address of Agency: **Morrow Insurance Agency, Inc., PO Box 1109, Hendersonville, NC 28793**

Contact Person: _____

Email Address: _____

Phone: **(828) 693-5396** Fax: **(828) 692-4717**

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

II. COVERAGE INFORMATION

1. Location of off-premises office: _____
Is off-premises office located in a commercial building OR residence? _____
Total square footage of off-premises office: _____
2. Any other insured locations? _____ If yes, attach list of locations and camp function at each.
3. List all other operations of the named insured that are not camp related (i.e., missionary work, school, nursery or day care program, church operations, etc.): _____

Are any of these operations insured elsewhere? Yes No
4. Please attach a list of additional interests, their addresses, and their relationship.
5. If resident camp, how long is average stay? _____ Age range of campers: _____
6. Opening day of camp: _____ Last day of camp: _____ Number of Sessions: _____
Seasons of operation: Summer Fall Winter Spring
7. Resident Camper days: A: Average number of campers per day: _____
B. Number of days per week: x _____
C. Number of weeks per year: x _____
Total Number of camper days (AXBXC) = _____
(If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.)
8. Day Camper days: A: Average number of campers per day: _____
B. Number of days per week: x _____
C. Number of weeks per year: x _____
Total Number of camper days (AXBXC) = _____
(If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.)
9. Off season: Do you run off season sessions (where you control activities)? Yes No
If yes, please complete the following:
Estimated number of campers/participants per day: _____ Number of days/week camp is open: _____
Number of weeks/year camp is open: _____ Number of sessions: _____
List off-season camp activities: _____
10. Is the camp closed for a period of time? Yes No
If yes, from _____ to _____
If yes, when the camp is closed, how is the property protected and maintained? _____
11. Do you use subcontractors for any services? Yes No
If yes, what services are contracted out? _____
Do you obtain a certificate of insurance from all subcontractors? Yes No
Are you named as an additional insured on the contractor's policy(ies)? Yes No
12. Date of last board of health inspection: _____
13. Do employees, management, or caretakers, etc. live on premises year round? Yes No
If yes, explain: _____
If not, explain security/up keep for premises: _____
14. How many cabins or dwellings are occupied year round? _____ By whom? _____
15. Are all buildings at the insured premises owned by the named insured? Yes No
If no, please specify: _____
16. Do you have volunteers? Yes No
If yes, how often and for what position(s)? _____
17. Are there certified medical personnel (doctors, nurses, EMTs, Other) on the premises during camp? Yes No
If not, explain medical procedures: _____
Number of the following: MD _____ RN _____ LPN _____ EMTs: _____ PA _____ Therapists _____
Registered Dietitians/Nutritionists _____ Other: _____
Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum limit of liability of \$500,000? Yes No
18. Are any of the medical professionals volunteers? Yes No
19. Does camp obtain medical permission slips? (If yes, attach copy) Yes No
20. Does camp require written details regarding all prescription medicines being used by campers? Yes No

21. Does camp administer all medications? Yes No
22. Is all medication stored in its original containers? Yes No
23. Is all medication inaccessible to children? Yes No
24. Is a log kept to record each time a medication or treatment is administered? Yes No
25. The nearest hospital or emergency medical facility is _____ miles away.
26. Does camp carry primary accident medical and/or sickness insurance? Yes No
 If yes, name of insurer? _____ Limit per camper? _____
 Would you like a quote for excess camper medical insurance? Yes No
27. Do you do any type of professional counseling? Yes No
 Number of professional counselors: _____ Pastoral Counselors _____ Lay Counselors _____
 If yes, describe counseling services: _____
28. Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s)?
 (If yes, attach copy) Yes No
29. Do you have any animals at camp other than saddle animals? Yes No
 If yes, number and type of each: _____
 Are all animal's inoculations up to date? Yes No
30. What is the type and depth of ground cover under any playground equipment? Type _____ Depth: _____
31. Do you own or are you responsible for the maintenance of any dams in any bodies of water? Yes No
 If yes, please complete the Dams Supplemental Questionnaire.
32. Do you have a written crisis management/emergency plan? Yes No
 a) Does the plan address contingency plans to keep the camp operating after a loss? Yes No
 b) Does the plan apply to both on-premises and off-premises situations? Yes No
 If yes, does the plan also address incidents with animals, both wild and domestic (i.e. bats, rabies, bites, etc.)? Yes No
33. Does the director or other employees train outside groups in anything, such as CPR or lifesaving? Yes No
 If yes, describe: _____
 Is a "hold harmless" required from non-camp participants who attend training sessions at the camp? Yes No
34. Do you loan or lease your director or employees to any other operations, either owned or non-owned? Yes No
 If yes, explain who, how often, and for what purpose: _____
35. Do you sponsor or participate in special events or fundraisers? Yes No
 If yes, list all of the types of events: _____
36. Do you sponsor camper exchange programs, either sending campers out or taking campers in? Yes No
 If yes, attach a detailed description of the program and describe safety measures.
37. Do you accept adjudicated youth as campers, counselors, or volunteers? Yes No
38. Are all camp visitors required to sign in and sign out? Yes No
39. Are members of the public allowed on the premises when camp is in session? Yes No
 If yes, explain: _____

III. PERSONNEL

1. Ratio of counselors to campers during activities: _____ During non-activity hours: _____
2. Are campers always attended by counselors? Yes No
3. Minimum age of counselors: _____ Percentage of counselors who are returning from the previous year? _____
4. Do you have a Counselor in Training (CIT) or similar program? Yes No
 If yes, what is the minimum age for the program? _____
5. Are training classes mandatory for counselors? Yes No
6. Describe formal training, certification or previous experience required of counselors: _____

7. Number of full time staff: _____ Number of year round part time staff: _____ Number of seasonal staff: _____
8. Number of international staff: _____ Was an agency used? Yes No If yes, please attach copy of contract.
9. Approximate number of camp counselors employed each season: Summer _____ Fall _____ Winter _____ Spring _____

IV. PROPERTY

***Please attach a diagram of each location to be insured showing all buildings. Number the buildings to correspond with building numbers on the ACORD Property application. Provide distances between all buildings on the diagram.**

1. Is the camp's water supply public or private? _____
If private, describe the water source: _____
2. Describe cooking facilities (i.e. deep fryers, grills, ovens, etc.): _____
3. Is there an ansul or similar automatic fire protection system in the kitchen? Yes No
If yes, what type: _____ If no, explain: _____
Does the automatic extinguishing system protect the following? (Check all that apply)
All Cooking Surfaces Exhaust ductwork Hoods Deep Fat Fryers Other cooking appliances
4. Do all deep fat fryers have high limit switches? Yes No Do not have deep fat fryers
5. Is the system U.L. listed? Yes No
6. Is there an inspection/maintenance agreement? Yes No If yes, what is the frequency? _____
7. How often is the hood and ductwork professionally cleaned? _____
8. What is the frequency and method of cleaning hoods and grease filters? _____
9. Are grills equipped with grease traps? Yes No
10. Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (cooking areas, propane, etc.)? Yes No
11. Is camp location subject to winter conditions? Yes No
If yes, complete the following:
 - a) Are the buildings winterized? Yes No Identify those not winterized: _____
 - b) Describe how buildings are protected against collapse due to weight of ice/snow:
Roof(s) cleared regularly Inside structural support Metal roof(s) Other _____
 - c) Explain other measures taken to protect camp property during the winter: _____
12. Is there a fire station (paid or volunteer) within a 5 mile radius? Yes No If not, how far is the nearest station? _____
13. Does the camp have a lightning detection system? Yes No
14. Are fire extinguishers properly installed in all buildings? Yes No
15. Are propane heaters used? Yes No
If yes, installed by: Caretaker Volunteer Heating Contractor Other
If yes, in which buildings: _____
16. Are space heaters used? Yes No
If yes, installed by: Caretaker Volunteer Heating Contractor Other
If yes, in which buildings: _____
17. Are wood burning stoves used?
If yes, installed by: Caretaker Volunteer Heating Contractor Other
If yes, in which buildings: _____
18. Are any building projects anticipated during the policy term? Yes No
If yes, please describe: _____
19. Are there fire hydrants on or near premises? Yes No If not, location of nearest hydrant? _____
20. Are any buildings sprinklered? Yes No if so, which ones? _____
21. Do all sleeping rooms have smoke detectors? Yes No If yes, battery powered hard wired
22. Are carbon monoxide detectors installed in all sleeping areas? Yes No

V. CONFERENCE/RENTALS/LEASING **N/A**

1. Is camp rented or leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)? Yes No
2. If yes, are certificates of insurance naming camp as an additional insured required? Yes No
Are limits of \$1,000,000 required? Yes No
3. If no, explain: _____
4. Are contracts/agreements signed with these entities? (If yes, attach sample) Yes No
5. What are your gross receipts from all rental operations: _____
6. During leased periods, does camp director/management or any other employees remain on the premises? Yes No
7. If yes, please explain: _____
8. Do activities take place during the leased period that do **not** take place during usual camp operations? Yes No
9. If yes, please explain: _____

10. Do you sell or furnish liquor during leased periods? Yes No
(If yes, please complete the Liquor Liability Application.)
11. What activities are offered to rental groups? _____
12. Do you provide supervision of any of these activities? _____
13. If yes, which activities? _____
14. Number of individuals/day _____ Number of rental days/week _____ Number of weeks/year _____
15. Are all essential safety requirements spelled out in writing in the lease agreement? Yes No
16. 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 and additional insured status on their policy? Yes No
17. If any water activities take place, do you loan or rent your lifeguards to the outside groups/individuals? Yes No
If yes, do you require the groups to sign a hold harmless agreement in your favor? Yes No
If yes, do you require a certificate of insurance and additional insured status on their policy? Yes No
If no, does the written lease agreement require lifeguards to be present and indicate who will provide? Yes No

VI. SPECIAL NEEDS CAMPERS **N/A**

1. Are any sessions designed for those with physical or mental handicaps, challenges or illnesses? Yes No
If yes, please explain: _____
2. What percent of campers have special needs? _____%
3. What percent of your supervisory personnel have a degree in, or at least 24 weeks experience in, an area relevant to the special needs being served? _____%
4. Are staff/camper ratios adjusted for special needs campers? Yes No
If yes, what is the ratio? _____ Staff to _____ Special Needs Campers
5. Is the entire staff informed about the limitations/abilities of the special needs campers regarding activities, sleeping arrangements, diet, medical, etc.? Yes No
6. Are independent contractors you use specially trained to supervise / instruct special needs campers? Yes No
7. Does your crisis management plan include contingency plans for these campers? Yes No
8. List the specific medical procedures you provide: _____
9. Do the professionals carry their own malpractice insurance? Yes No
If yes, do you request a certificate of insurance as proof? Yes No
10. Do you have a maintenance program for medical apparatus or equipment you provide to campers? Yes No
11. Do you provide outside services, such as counseling hotlines, seminars or other activities specific to special needs campers or their families? Yes No If yes, please describe: _____

VII. TRANSPORTATION

1. Do you transport campers to and from camp? Yes No If yes, do you use your own vehicle(s) and driver(s)? Yes No
Do you contract with a transportation company that provides vehicles and drivers? Yes No
If yes, do you obtain certificates of insurance from them and are you named as an additional insured on their auto
Insurance policy? Yes No
2. Do any employees or volunteers transport campers in their personal vehicles? Yes No
(If yes, please complete the Employee/Volunteer Transportation Questionnaire.)
If yes, how often? _____ For what purpose(s)? _____
Do you require they give you proof they have personal auto insurance? Yes No
What automobile limits are they required to carry? _____
3. If you rent or hire vehicles, which of these type do you hire or rent? Vans Buses Trucks Other
What is the size of the van(s) and/or bus(es) (Number of passengers)? _____
4. Annual cost to hire vehicles:
A. Where the camp must insure the vehicle (Primary): _____
B. Where the lessor insures the vehicle (Excess): _____*
- *(Please provide copy of certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.)
5. Minimum age of drivers who transport campers? _____ Minimum age of drivers not transporting campers? _____
6. Is there a driver safety program in place? Yes No If yes, please describe: _____
7. Are vehicles ever loaned or given to employees for their personal use? Yes No
If yes, who? _____
8. Who is responsible for maintenance of vehicles? _____
9. Do you own 15-passenger buses or vans? Yes No If yes, are they used for: Top Loading Trailer Pulling
10. If 15 passenger vans/buses are used, please describe safety procedures, specifically with regard to top loading and/or trailer
pulling, if any: _____
11. What percent of your drivers are non-United States residents? _____%
12. Do you give all drivers a driving test in a vehicle of the type they'll be operating? Yes No
13. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced? Yes No
14. Do you require each driver to walk around and inspect the vehicle prior to transporting campers? N/A Yes No
15. When transporting campers in buses or vans, is there at least one counselor in the vehicle, in addition to the driver,
to supervise the campers? Yes No
16. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No
17. Are MVRs checked on all drivers? Yes No If yes, how frequently? At Hire Only Annually
18. How many of your vehicles are used for camper transport? _____
19. Types of vehicle(s) used: _____

VIII. TRIPS & TRAVEL N/A

1. Are all trips within the United States, U.S. Territories, or Canada? Yes No
If no, where are trips taken? _____
2. Do any trips last more than one day? Yes No
If yes, describe duration, destination(s), and purpose: _____
3. What is the ratio of adult staff to participants by age group? _____
4. Do all parents receive detailed information about the trip (place, transportation, supervision, times),
objectives, necessary provisions, and instructions prior to the trip? Yes No
5. Do all children / campers wear identification tags or identifiable clothing on all trips? Yes No
6. WILDERNESS TRIPS:
- a) Does staff carry two-way radios to maintain contact with office staff or transmitters for location detection? Yes No
If no, do you have an emergency communication plan? Yes No If yes, please describe: _____
- b) What special training does staff have for wilderness travel? _____

IX. SEXUAL ABUSE/MOLESTATION QUESTIONNAIRE

1. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No
2. Is staff (paid and volunteer) required to complete an employment application? Yes No
If no, please explain _____
3. Do you discuss at staff orientation, child/sexual abuse or molestation, how to recognize the signs, and what to do if a camper or member reports someone molested him/her? Yes No
Are these procedures written? Yes No
Is reinforcement conducted throughout employment? Yes No If yes, how often? _____
4. Do you have a written plan of supervision that monitors staff in day to day living relationships with campers? Yes No
Please describe or attach a copy: _____
5. Does the camp instruct staff members to avoid being alone with a child? Yes No
6. Does the camp operate any programs where staff may work one-on-one with a camper? Yes No
If yes, describe (or attach program brochure): _____
5. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No
(Please attach copy of your employment/volunteer application)
- . Are applicants refused employment if they answer yes to this question? Yes No
6. Do you verify employment-related references? Yes No
Conduct a personal interview? Yes No
Do you obtain a signed code of conduct form? Yes No
Are previous employers asked if they would re-hire the person in question during reference checks? Yes No
7. Does your state permit you to do criminal background investigations on staff members/applicants? Yes No
 - a) If yes, do you request and receive such background investigations on all employees and volunteers, including the director? Yes No
 - b) If yes, who provides service? _____
 - c) If yes, how often are background checks repeated in the future for every employee/volunteer? _____
 - d) If yes, how many years of the applicant's history does the investigation span? _____ years
8. Which of the following do you search in conducting background checks on employees and volunteers? (Check all that apply)

<input type="checkbox"/> County Criminal Records	<input type="checkbox"/> State Criminal Records	<input type="checkbox"/> Teacher License	<input type="checkbox"/> Sex Offenders
<input type="checkbox"/> Education Verification	<input type="checkbox"/> National Crime Index	<input type="checkbox"/> Nationwide U.S. Wants & Warrants	<input type="checkbox"/> FBI
9. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp? Yes No
 - a) Was a claim made against your camp? Yes No
 - b) If yes, please provide details of the claim/incident: _____

 - c) How much money was paid as damages to the victim? _____
 - d) What has been done to prevent such occurrences from happening in the future? _____

10. If you have volunteers, are the answers to the questions above the same? N/A, we have no volunteers Yes No
If no, please explain: _____
11. Are you currently aware of any facts or circumstances that could lead to a claim of sexual abuse, misconduct or molestation against your camp or any employee or volunteer of the camp (other than what is mentioned above)? Yes No
If yes, explain: _____
12. Has any employee or volunteer ever been accused or convicted of sexual abuse, misconduct, or molestation? Yes No
If yes, explain: _____
13. Does each new employee or volunteer complete a probationary period before being allowed to work with anyone under age 18? Yes No
If yes, how long is the probationary period? _____
14. Do you require fingerprints of each employee or volunteer? Yes No
15. Is there a formal procedure in place to verify who is picking up the child when the child leaves camp? Yes No
16. Is there a formal incident reporting procedure in place? Yes No

X. AQUATICS

1. Do you test each swimmer's swimming ability prior to allowing them to use the facility? Yes No
2. Do non-swimmers wear a visible identification? Yes No
3. Does the facility meet the Dept. of Environmental Resources standards for water quality, including testing and cleaning frequency? Yes No
4. Do you have specific guidelines regarding closing the pool or leaving the facility due to water quality, visibility, weather or contamination? Yes No
5. Is staff assigned to supervise locker/changing rooms, sun bathing areas, etc.? Yes No
6. If you use an off premises facility, are you required to sign a contract?
If yes, do you hold the facility owners harmless in their favor? Yes No
7. Do you document all lifeguard in-service training? Yes No

IF CAMP UTILIZES A POOL: N/A

1. Total number of pools: _____ Maximum depth of each pool: _____
2. Is the pool: On Premises Off Premises Above Ground Below Ground Indoor Outdoor
3. Are any pools open to the public? Yes No
4. Are all swimming pools and spas compliant with Virginia Graeme Baker pool and spa Safety Act? Yes No
If no, explain action plan and time table for compliance? _____
5. Do you use pools/spas owned by other entities? Yes No
a) If so, do you confirm compliance with the Virginia Graeme Baker pool & spa safety act? Yes No
6. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
7. Is each pool fenced in? Yes No Height: _____ Are gates locked when pool is not in use? Yes No
8. Are depth markings clearly visible in and around the pool? Yes No
9. Number of diving boards: _____ Height: _____ Depth of water at diving board entry: _____
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
10. Is a lifeguard provided? Yes No If yes, ratio of swimmers to lifeguards: _____
Are lifeguards certified? Yes No If yes, by whom? _____
Are all lifeguards situated in positions where they can see all areas of the facility? Yes No
Can they see the bottom surface? Yes No
11. Are rules posted at the pool area? Yes No
Do the rules meet all state and local regulations? Yes No
12. Any nighttime swimming allowed? Yes No If yes, is pool lighted? Yes No
13. Are all chemicals kept in a dry, ventilated, locked storage area? Yes No
14. What is the total staff to swimmer ratio during swim times? _____
15. Do you have the following safety equipment at the waterfront? Check all that apply.
Backboard Portable Oxygen AED (Automatic External Defibrillator) First Aid Kit
Ring Buoy Reaching Pole or Shepherds Crook

IF CAMP UTILIZES A LAKE, POND OR RIVER: **N/A**

1. Total number of Lakes: _____ Ponds: _____ Rivers: _____ Other: _____
2. Maximum depth of each Lake: _____ Pond: _____ River: _____ Other: _____
3. Are the bodies of water located on premises or off premises? On premises Off Premises
4. Are the depth markings clearly visible in and around each body of water? Yes No
5. Is each body of water roped off? Yes No
6. Is it open to members of the public? Yes No
7. Maximum depth of swimming area: _____ Is the swim area separated and clearly marked/roped off? Yes No
8. Are water safety rules posted at each body of water? Yes No
Do the rules meet all state and local regulations? Yes No
9. Number of diving boards: _____ Height of each: _____ Depth of water at diving board entry: _____
Is the diving area clearly marked? Yes No
Does the diving area extend out at least 16 feet from the end of the diving area? Yes No
10. Is a lifeguard provided? Yes No If yes, ratio of swimmers to lifeguards: _____
Are lifeguards certified? Yes No If yes, by whom: _____
Are they certified for the appropriate water activity (waterfront, shallow water, river rescue, etc)? Yes No
Are all lifeguards situated in a position where they can see all areas of the facility? Yes No
11. Rescue vehicle available? Yes No
12. Any nighttime swimming allowed? Yes No If yes, describe lighting: _____
13. What is the total staff to swimmer ratio during swim times? _____
14. Do you have the following safety equipment at the waterfront? Check all that apply.
 Backboard Portable Oxygen AED (Automatic External Defibrillator) First Aid Kit
 Ring Buoy Reaching Pole or Shepherds Crook

1. Are there other bodies of water on premises (not just those normally utilized)? Yes No
a) If yes, are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? Yes No
b) If no, please explain: _____

1. Do you have water structures like water trampolines, blobs, inflatable platforms, icebergs, etc.? Yes No
If yes, list the type(s) of structure(s): _____
2. Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
3. Do the lifeguards have a 360 degree visibility around the structures? Yes No
4. Is a maximum 25 pound weight difference between participants on a blob enforced? Yes No
5. Is only one person at a time allowed to be bounced off the blob? Yes No
6. Are personal floatation devices worn at all times? Yes No
7. Is there a barrier in place to prevent access to unsupervised structures? Yes No
8. Is a "no swimming" radius of at least 20 feet around trampolines and blobs enforced at all times? Yes No
9. Are all rules posted in a prominent place? Yes No
Please attach rules for use of the structures.

XI. ACTIVITIES

Are any of the following activities provided by the camp (Additional underwriting information may be required)?

Check all that apply.

YES	ACTIVITY	YES	ACTIVITY	YES	ACTIVITY
<input type="checkbox"/>	Adventure Program	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	Saddle Animals
<input type="checkbox"/>	Airball	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	Skateboarding ramps/jumps
<input type="checkbox"/>	Alpine/Downhill Skiing	<input type="checkbox"/>	Whitewater rafting	<input type="checkbox"/>	Saunas
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Surfing	<input type="checkbox"/>	Skin or Scuba Diving
<input type="checkbox"/>	ATVs/Dirt Bikes/Motorbikes	<input type="checkbox"/>	Hang Gliding	<input type="checkbox"/>	Snowmobiles
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>	Other Non-contact Sports
<input type="checkbox"/>	Mountain Biking	<input type="checkbox"/>	Mountain Boarding	<input type="checkbox"/>	Zipline
<input type="checkbox"/>	Back Packing	<input type="checkbox"/>	Pony Rides	<input type="checkbox"/>	Windsurfing
<input type="checkbox"/>	Caving	<input type="checkbox"/>	Petting Zoo	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	Circus Activities	<input type="checkbox"/>	Rafting	<input type="checkbox"/>	Water Skiing
<input type="checkbox"/>	Cross Country Skiing	<input type="checkbox"/>	Rappelling/Rock climbing	<input type="checkbox"/>	Snowboarding
<input type="checkbox"/>	Farming	<input type="checkbox"/>	Shooting/Rifle Ranges # _____	<input type="checkbox"/>	Flying
<input type="checkbox"/>	Climbing Wall/Tower	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Ropes Courses – Low Elements
<input type="checkbox"/>	Whitewater Canoeing	<input type="checkbox"/>	Water Blobs	<input type="checkbox"/>	Solo Trips
<input type="checkbox"/>	Football (Tackle)	<input type="checkbox"/>	Ropes Courses – High Elements	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Ballooning	<input type="checkbox"/>	Baseball /Basketball/Volleyball	<input type="checkbox"/>	Boating
<input type="checkbox"/>	Boxing	<input type="checkbox"/>	Bungee Jumping	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Ceramics/Pottery	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Diving
<input type="checkbox"/>	Environmental Education	<input type="checkbox"/>	Fitness Training	<input type="checkbox"/>	Sky Diving
<input type="checkbox"/>	Football (Touch or Flag)	<input type="checkbox"/>	Hockey, Ice	<input type="checkbox"/>	Hunting
<input type="checkbox"/>	Ice Skating – <input type="checkbox"/> Rink or <input type="checkbox"/> Lake/Pond	<input type="checkbox"/>	Jet Skiing	<input type="checkbox"/>	Martial Arts
<input type="checkbox"/>	Parasailing	<input type="checkbox"/>	Rocketry, Model rockets	<input type="checkbox"/>	Roller Skating/In-Line Skating
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Sail Boarding
<input type="checkbox"/>	Waterslides <15' # _____				

SEPARATE QUESTIONNAIRE REQUIRED FOR THE FOLLOWING ACTIVITIES. PLEASE INDICATE ANY THAT APPLY.

- Fireworks Displays at Camp
- Paintball
- Trampolines # _____
- Bungee Trampolines # _____
- Water Trampolines # _____
- Go-Karts

1. Do you require all campers to carry Accident Medical Insurance? Yes No
2. Does camp have a safety plan for all activities checked? (If yes, attach a copy) Yes No
3. Does camp contract with others for program services for any of these activities Yes No
 If yes, please explain: _____
 Are certificates of insurance provided? (If yes, please attach sample) Yes No
 Are any contracts signed with these groups? (If yes, please attach copies) Yes No
4. Do any activities take place off the camp premises? Yes No
 If yes, please explain, including explanation of transportation: _____
 What percent of activities are off-site? _____

SHOOTING/RIFLES N/A

- 1. Are NRA standards met? Yes No
- 2. Is eye & hearing protection required at all times regardless, of type of gun? Yes No
- 3. Is the shooting area barricaded and posted? Yes No
- 4. Are BB guns used? Yes No

BICYCLING N/A

- 1. Are helmets required? Yes No
- 2. Any travel on public highways?
If yes, attach safety guidelines. Yes No

MARTIAL ARTS: N/A

- 1. List the type(s) taught: _____
- 2. Is contact allowed? Yes No
- 3. Are all instructors certified? Yes No If yes, by whom? _____

WATERSLIDE N/A

- 1. Number of waterslides: _____ Height of each: _____ Length of each: _____
- 2. Depth of the water where slide enters: _____
- 3. Describe the waterslide and any additional features: _____
- 4. Is head first sliding allowed? Yes No
- 5. If the waterslides are over 15' in height, please answer the following:
 - a) Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No
 - b) Who is responsible for the maintenance of the slides? _____
 - c) Are there signs posted to instruct patrons on proper behavior and riding techniques?
If yes, where? _____ Yes No
 - d) If used in a pool, is the slide approved by the manufacturer for pool use? Yes No
 - e) How do swimmers enter the water when launching off the slide? At an angle Horizontally
 - f) Please attach rules for use of the water slide.
 - g) If slide is elevated, what type of support structures is used? _____
 - h) Are mats/tubes or other devices used by riders? _____
 - i) Are there any age limitations or other physical limitations? _____
 - j) How is the water slide kept restricted when not in use? _____
 - k) Do you keep a log of daily inspection of the waterslide? _____
 - l) Maximum number of persons allowed on the waterslide at one time? _____
 - m) Is the step tower area enclosed? Yes No
 - n) Name of manufacturer of water slide? _____
 - o) Age of slide(s)? _____

PETTING ZOO N/A

- 1. Describe all types of animals kept? _____
- 2. Are all animals properly vaccinated and vaccinations kept current? Yes No
- 3. Is there a hand washing station with soap provided? Yes No
If no, explain: _____

SADDLE ANIMALS N/A

1. Number owned: _____ Number leased: _____ Number used at outside stable: _____
2. Dates of use: From _____ to _____
3. If subcontracted, are certificates of insurance naming camp as additional insured required? Yes No
Are limits of \$1,000,000 required? Yes No
Is there a written contract? Yes No
If no to any of the above, explain: _____
4. If leased, is there a lease agreement? (If so, please attach copy) Yes No
5. Name of outside stable and/or owner of leased horses: _____
6. Are all riders required to wear ASTM approved safety helmets? Yes No
7. Is other safety equipment (e.g. heeled boots, long pants, etc.) required? Yes No
8. Are horses available for riding during leased periods? Yes No
If yes, please explain: _____
9. How are riders matched with horses? _____
10. Are instructors certified? Yes No If yes, by whom? _____
If not, please describe experience or qualifications: _____
11. Those who handle the horses: Camp Staff # _____ Contractors # _____
12. Are all saddle animals vaccinated? Yes No
13. Are saddle animals maintained exclusively for use by campers? Yes No
If not, explain other uses _____
14. What capacity are the horses used in the off season? _____
15. Are they kept on the premises all year? Yes No
If not, where do they stay, how are they cared for, and who handles the activities: _____
16. Does the camp teach: Vaulting Jumping Rodeo Activities Polo Other (specify) _____
17. Do you provide riding instruction for the mentally and physically challenged? Yes No
If yes, are the instructors NAHRA certified? Yes No
18. Are trail rides given? Yes No
What is the ratio of instructor to campers during trail rides? _____
19. Do you have hay rides? Yes No
If yes, does the wagon have sides or is it open? Sides OR Open Is a counselor in the wagon during rides Yes No
20. Is there a separate Equestrian Waiver? If so, please attach a copy. Yes No

GYMNASTICS: N/A

1. Do activities consist of floor exercises only? Yes No
If no, list all apparatus used and what gymnastics are offered: _____
2. Is counselor / instructor a certified USGA gymnastics instructor? Yes No
If so, do you require a copy of the certificate? Yes No
If not, explain the instructor's qualifications: _____
3. What is the ratio of campers to counselors: _____

SKIN/SCUBA DIVING N/A

1. Type: Open Water Swimming Pool Both
2. Describe extent of activity: _____
3. List counselors/instructors qualifications: _____
4. Who provides equipment and fills tanks? _____
5. Please attach copy of PADI license for diving instructors.
6. If subcontracted activity, please provide us with a copy of certificate of insurance naming camp as additional insured

TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING N/A

1. If your camp provides any of the following activities, please list the number of boats in each category below:
- | | | |
|---|---|----------------|
| _____ Canoes | _____ Kayaks | _____ Rowboats |
| _____ Tubes | _____ Paddleboats | _____ Rafts |
| _____ Personal Watercraft
(e.g. Jet Skis, Waverunners, etc.) | _____ Windsurf Boards | |
| _____ Sailboats Under 21' | _____ Sailboats Over 21' | |
| _____ Inboard/ Outboard Motorboats under 26 HP | _____ Inboard/Outboard Motorboats over 26HP | |
| _____ Number of these over 76HP | | |
- Are any of the above watercraft over 21' in length? Yes No If so, which ones? _____
2. Explain uses for powered boats and personal watercraft: _____
3. Is boating in an area separated from swimming? Yes No
If no, please explain: _____
4. Any water skiing jumps? Yes No
5. Are lifejackets, etc. required to be worn by each participant during all water activities? Yes No
6. Are campers always accompanied by qualified counselors? Yes No
7. Are campers ever permitted to operate motorized boats? Yes No
8. Are lifeguards always in attendance during these activities? Yes No
9. Is area restricted to campers only during these activities? Yes No

ROPES COURSES N/A

1. Year built (Including zipine): _____ Who built: _____
2. Was entire course built to ACCT standards? Yes No
3. Completely describe the area and type/number of high/low elements, including height. (Enclose diagram if possible.)

4. Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? Yes No
5. By whom and date of last inspection? (Please attach copy of latest inspection) _____
6. Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training): _____

7. How are they kept restricted when not in use? _____
8. What is the ratio of campers to counselors? _____

CAVING N/A

1. Is it a known cave? Yes No
2. Cave type: Vertical Horizontal
If vertical, how deep? _____
3. Is staff Wilderness First Aid Training required? Yes No
4. Are outside guides hired for caving? Yes No
If yes, do you obtain a certificate of insurance from the guides? Yes No
Are you named as an additional insured on the guides' insurance? Yes No
5. Has the cave been approved for safety? Yes No
6. List counselors/instructors qualifications: _____

SKATEBOARDING/SKATEPARK N/A

1. Is safety equipment (helmet, knee pads, elbow pads, etc.) required? Yes No
2. If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.), please describe and indicate size of each?

3. If halfpipe, indicate height: _____
4. How is skatepark protected from unauthorized usage? _____

WOODWORKING N/A

- 1. Protective eye gear worn? Yes No
- 2. All machines properly guarded? Yes No
- 3. Area properly ventilated? Yes No
- 4. Is there a dust accumulation system (if indoors)? N/A Yes No

ROCK CLIMBING / RAPPELLING N/A

- 1. Type: Free Climbing Lead Climbing
- 2. What is the instructional level (mark all that apply)? Beginner Intermediate Advanced
- 3. Is the instructor AMGA Top Rope Site Supervisor certified? Yes No
If not, please explain the instructor's qualifications: _____
- 4. Is the instructor trained in Wilderness First Aid? Yes No

CLIMBING WALLS/TOWERS N/A

- 1. Number of indoor climbing walls/towers: Stationary/Permanent: _____ Moveable: _____ Height of each: _____
- 2. Number of outdoor climbing walls/towers: Stationary/Permanent: _____ Moveable: _____ Height of each: _____
- 3. If any are moveable, please explain: _____
- 4. Year each wall/tower was built: _____ Who built them? _____
- 5. Was it built to ACCT standards? _____
- 6. Date of last inspection (please attach a copy): _____
- 7. Describe the activities performed on climbing walls/towers: _____
- 8. What is the ratio for campers to counselors? _____
- 9. List equipment used: _____
- 10. List counselors/instructors qualifications: _____
- 11. How are they kept restricted when not in use? _____

WHITEWATER RAPIDS N/A

- 1. What type: Canoe Kayak Raft Tube
- 2. Rapids Classification(s) for each type: Canoe _____ Kayak _____ Raft _____ Tube _____
- 3. List the instructor's certification or experience: _____
- 4. Are outside guides hired for the following whitewater activities? Canoeing Kayaking Rafting Tubing
If yes, do you obtain a certificate of insurance from the guides? Yes No
Are you named as an additional insured on the guide's insurance? Yes No
- 5. Completely describe all "white water" exposures, including where you go and whether it is contracted out or you handle yourself:

FRAUD NOTICE

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

FAIR CREDIT REPORT ACT NOTICE: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer’s character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that finished the report.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct and that no information which would materially affect this insurance has been withheld.

Applicant’s Signature

Producer’s Signature

Applicant’s Name (Print)

Producer’s Name (Print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus four (4) prior years
- Website address and/or brochure/literature and/or promotional materials
- Copy of employment and/or volunteer application. Needs to include question regarding conviction of crimes, including sex abuse as well as background check permission
- Copy of each type of risk and consent form for campers/participants
- Copy of camper registration form
- Copy of medical permission slip for campers
- Copy of any additional supplemental applications required (i.e. water trampoline, ATV, dirt bike; employee/volunteer transportation; fireworks; go-karts; liquor; trampoline; waterslides over 15' in height; or dam)
- ACORD applications for coverages requested
- Resume of camp directors – if new camp or under new management/ownership
- Camp Insurance Application
- Map/Diagram and photos of the premises
- Latest Challenge Course/Climbing Wall Inspection (if applicable)
- Copy of Outside Lease Agreements (if applicable)
- Copy of Safety Procedures / Guidelines including medical and emergency procedures
- Copy of Staff Handbook
- Statement of Values
- Auto schedule must include seating capacity for each scheduled van or bus
- Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided.
- Schedule of events/activities or calendar of camp season
- Most recent audited financial statement
- Copy of last year's training week agenda/schedule