



**TEXTBOOK INSURANCE PROGRAM
PROFESSIONAL UNDERWRITERS**

SUPPLEMENTAL APPLICATION FOR CAMPS

Named Insured: _____

Name of Camp: _____

Location of Camp: _____

How long in existence? _____

How long under present management/ownership? _____

Type of Camp: Not for Profit Day Camp Resident Camp Combined Day/Resident
 Adventure Sport Dude/Guest Ranch Adult
 Family Other (please explain): _____

Describe any off-season use of camp: _____

Rental Receipts \$ _____

GENERAL INFORMATION

How are counselors screened, hired, and trained?

What are the qualifications and training of counselors to the activities and the terrain they supervise?

Does the camp director have a risk management policy or safety program? Yes No
If yes, please explain:

Does the camp have an emergency plan for forest fires or for serious injuries that may occur? Yes No
If yes, please explain:

Is there a nurse or physician on the staff? Yes No
Is there an infirmary on site?

Yes No

How close is the nearest hospital? _____

Are campers transported to any special activities off-site? Please explain. Yes No

What activities?

How transported?

Does the camp participate in any of the following sports or activities?

- Horseback riding Yes No
- Archery Yes No
- Hiking Yes No
- Boating Yes No
- Swimming Yes No
- Rifle Shooting Yes No If yes, complete Rifle Range Questionnaire
- Other: _____ Yes No Attach brochure

Please explain the training of the staff or any certifications they may hold with respect to any of the above activities.

Please explain any safety techniques/equipment used during any of the above activities.

Sleeping Accommodations:

Number of: sleeping cabins: _____ campers each cabin: _____ counselors each cabin: _____

PROPERTY INFORMATION

Attach a map/diagram of the camp premises showing the location of all buildings and the distances between the buildings.

- Distance to fire department? _____ What sources of water are available? _____
- Are there fire hydrants at the camp? If yes, please indicate their locations on the map/diagram. Yes No
- Do all cooking exposures meet all of the NFPA 96 Standards? N/A Yes No
- Is there any use of candles, lanterns, or space heaters in any sleeping areas or tents? N/A Yes No
- Do all sleeping quarters have:
 Smoke Detectors? Yes No
 Emergency Exits clearly marked and lighted? Yes No
- Does the camp have a year-round caretaker? Yes No
- Does the caretaker live on premises? Yes No
- How are buildings protected against vandalism when camp is closed? _____
- Are written procedures followed at the end of camp season to prepare for the off season? N/A Yes No
- Is camp personal property stored off premises during the off season? N/A Yes No

Comments/Additional Information: _____

GENERAL LIABILITY INFORMATION

Determine the premium basis (number of camper days) by completing the following equation:

_____ # of campers per day X (multiplied by) _____ # of days camp in operation = _____ Total # of Camper Days
Example: 30 campers per day X 90 days camp is in operation = 2,700 Camper Days

Number of Animals, Saddle, Private: _____

Number of Boats-Motor or Sail, not for rent: _____

Number of Boats-NOC – not for rent: _____

Number Nurses as Additional Insureds: _____

Other: _____ Premium Basis

Other: _____ Premium Basis

Age of Campers: From _____ to _____ Number of Staff: _____
 (youngest) (oldest)

Regular Camp Season: Begin Date: _____ End Date: _____

Are all campers and staff covered by an Accident & Health Policy? Yes No

Do all health care professionals carry their own Medical Malpractice/Professional Liability Insurance with limits no less than the General Liability coverage? *(Required coverage)* Yes N/A

Does the camp provide and enforce a written policy regarding areas that are off-limits? Yes No

Does the camp provide and enforce written procedures for the following:

- a. Food handling, disposal and storage? N/A – no food services Yes No
- b. Waste and sewage disposal? N/A – public services Yes No
- c. Drinking water quality? N/A – public water supply Yes No
- d. Swimming pool maintenance? N/A – no pool facilities Yes No
- e. Toilet, bathing, shower facilities use and maintenance? Yes No

HORSEBACK ACTIVITIES NONE

Does the camp provide and enforce written safety standards for all saddle animal activities including the following:

- a. Certified or well qualified instructor(s) over the age of 21? Yes No
- b. Activities led by instructors trained in emergency procedures and first aid? Yes No
- c. Minimum safe ratios of staff to campers for all activities? Yes No
- d. Protective clothing, shoes/boots or headgear must be required? Yes No

WATER ACTIVITIES NONE

Does the camp do any swimming in a: Yes No
 Lake? Yes No
 Pond? Yes No
 Other body of water? _____ Yes No

Does the swimming area have slides and/or diving boards? Yes No

Is the use of appropriate Coast Guard approved flotation devices (life jackets) mandatory for both campers and staff participation in any water activities? Yes No

- Do campers have to pass a swimming test in order to use the waterfront? Yes No
- Are campers allowed to swim without a lifeguard on duty (i.e. Buddy System)? Yes No
- Is a Water Safety Instructor with Advance Life Saving certification present during all waterfront activities? Yes No
- Are campers allowed to fish on the waterfront? Yes No
- Does the Boating Program Director have a current certification from a Red Cross or Power Squadron small craft training program? N/A – no boating activities Yes No

Fraud Warning – For those states for which ACORD has developed a state-specific Fraud Warning. ACORD 63 (e.g., Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.

For other states except Nebraska and Oregon:

Any person who knowingly and with Intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: Substantial] civil penalties. In TN, VA and ME insurance benefits may also be denied.

The answers to the above questions constitute a complete and accurate disclosure of all facts relating to the questions. To the best of my knowledge there are no known losses, acts, or omissions, which will result in claims under the insurance being applied for.

Signature of Authorized Representative of Insured/Date

Signature of Agent/Date

Title