

Brown & Brown of Garden City, Inc. 595 Stewart Avenue Garden City, NY 11530 P: (516) 247-5900 | F: (516) 217-1352

bbinsgc.com

CAMP INSURANCE APPLICATION

Name of Insured <i>(as</i>	will appear on policy):_					
-						
Mailing Address:						
					Zip:	
Contact Person:			FEIN#:			
Person is:	☐ Promoter ☐ Age	ent 🔲 Other:				
Camp Season Phone:_		Off Season Ph	ione:	E-mail:		
2. Name of Agency/Bro	kerage:					
Contact Person:			E-mail:			
Mailing Address:						
City:	Camp W		State:		Zip:	
Phone:	Camp W	Veb site:				
	ration					
4. Number of years in b	usiness:	N	umber of years unde	r present management	<u> </u>	
State the location in w	hich the organization is he	eadquartered/charter	·ed:			
5. Policy period requeste	d: From:		To:			
	er been cancelled or non-r					
		VERAGE INI	FORMATION			
ADDITION	AL INSUREDS	RELATIONSHIP		ADDRESS		
Location of off-premis Is off-premises office 9. List all other operation	es office: located in a commercial bi s of the named insured, th	uilding or residence? hat are not camp rela	ated <i>(ie. missionary w</i>	ork, school, nursery or da	ay care prograi	
•	d by: ACA: 🖵 Yes	s 🗆 No CO	CCA: Yes No	Other:		- N
Are the camp directors	accredited?				☐ Yes	☐ NO
If yes by whom:						
1. Type of camp (Check		D T 0	D 0	D On a dal Manda		
☐ Day Camp	Resident Camp	☐ Travel Camp	☐ Sports Camp	☐ Special Needs	☐ Adult	
Date camp opens:			Closes:			
Camper days:	A. Average number of				_	
	B. Number of days per			X		
	C. Number of weeks p	•	0)	Х		
		amper days (A x B		=		
Aro ony ooma ooosisa				additional sheet of paper		separately
	s designed for those with					
Do you obtain a certifi	cate of insurance from sul	hoontractors namino	1			
•	n additional insured on the		•		☐ Yes	□l No
	ealth inspection:				_ 103	_ 110
שמום טו ומסג שטמוע UI II	บนเนา เทงคุริบแบท					

Do employees, management, or caretakers, etc. live on premises annually?	Yes	
If yes, whom: How many units do they occupy? If not, explain security/maintenance for premises in the "off-season":		
ii not, explain security/maintenance for premises in the fon-season :		
Are all buildings at the insured premises owned by the named insured? If no, please specify:	☐ Yes	□ No
Do you have volunteers?	☐ Yes	□ No
If yes, for what position(s)?	☐ Yes	□ No
If not, explain medical procedures:		
Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum \$500,000 limit?	☐ Yes	□ No
Does camp obtain medical permission slips? (If yes, attach copy)	Yes	☐ No
Does camp require details regarding all prescription medicines being used by campers? The nearest hospital or emergency medical facility ismiles away.	☐ Yes	□ No
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
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
Describe cooking facilities (ie. deepfryers, grills, ovens, etc.):		
Is there an Ansul or similar automatic fire protection system over all cooking surfaces?	Yes	
If yes, is there a maintenance/inspection agreement?	Yes	
How often is the system inspected? How often are the hoods/ducts professionally cleaned?		
Distance to nearest fire station:(road miles)	Fire Depa	artment
Distance to nearest fire hydrant from the insured premises Do all sleeping rooms have smoke detectors? Battery operated Hardwired		
	Yes	
Do all sleeping rooms have carbon monoxide detectors?	Yes	
Are any buildings sprinklered?	Yes	☐ No
If so, which ones:		
Do you have a written crisis/emergency plan?	☐ Yes	
Does the plan address contingency plans to keep camp operating after a	☐ Yes	□ No
loss?Does the plan apply to both on and off premises situations?	Yes	
2. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Is camp leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?	☐ Yes	
If yes, are certificates of insurance naming camp as an additional insured required?	☐ Yes	
Are limits of \$1,000,000 required?	Yes	☐ No
If no, explain:		
Are contracts/agreements signed with these entities (If yes, attach sample)?	Yes	☐ No
Gross receipts from leased periods: \$		D Na
During leased periods, does camp director/management or any other employees remain on the premises? If yes, please explain:	☐ Yes	U NO
Do activities take place during leased period that do not take place during usual camp operations?	Yes	☐ No
If yes, please explain:		
De you call or firmigh ligurer during lagged neriade?		D No
Do you sell or furnish liquor during leased periods?	Yes	☐ NO
If yes, please complete the Liquor Liability Application.		
3. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Ratio of counselors to campers during activities:		
Ratio of counselors to campers during non-activity hours:		
Are campers always attended by counselors?	Yes	☐ No
Minimum age of counselors:		
Do you have a Counselor in Training (CIT) or similar program?	Yes	☐ No
If yes, what is the minimum age for the program?		
Percentage of counselors who are returning from the previous year?		
Are training classes mandatory for counselors?	Yes	
Describe formal training, certification or previous experience required of counselors:		
		_

4.	IIIIIIII TRANSPORTATION IIIIIII			
Is camp responsible for campers trans	sportation to and from camp?		Yes	☐ No
	plunteers to transport campers in their personal vehicles	?	☐ Yes	□ No
	Volunteer Transportation Questionnaire.	•		
	□ buses □ other			
Annual cost to hire vehicles:	a buses a otilei			
	and income the rehiele &	(Dring am.)		
	nust insure the vehicle \$			
B. Where the lessor i		(Excess)		
	drivers and do they check their motor vehicle records		Yes	☐ No
	h your chartered bus company and understand them			
	ntracts and obtain a certificate of auto liability insuran	ce naming your camp entity(ie	es) as an a	dditional
insured with limits no less than \$1 milli				
Minimum age of drivers who transpor	t campers?			
Minimum age of drivers not transporti	ng campers?			
Is a fleet safety program in place?			Yes	□ No
If yes, please describe:				
Are vehicles ever loaned or given to e			Yes	☐ No
	f vehicles?			
who is responsible for maintenance o	i vonicios:			
Do you own 15 pageanger bugge or w	2000		☐ Yes	
Do you own 15-passenger buses or v		Han mulling.		
if yes, please describe safety procedu	res, specifically with regard to top loading and/or tra	lier pulling:		
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Are any of the following ac	tivities provided by the camp <i>(Additional underwritin</i>	g information may be required	1)?	
ES ACTIVITY	YES ACTIVITY	YES ACTIVITY		
Adventure program	Go-karts (Go-Kart Operations Minimum Underwriting	☐ Skateboarding ramps/jumps	2	
Adventure program Alpine skiing	Guidelines required)	☐ Skin or scuba diving (Supple		rad)
Archery	☐ Hayrides (Supplemental required)	☐ Snow tubing/Sledding (Supp		
ATVs/dirt bikes (Supplemental required)	☐ Inflatable elements, #	☐ Trampolines, #		ili cu)
Bicycling	☐ Jumping pad/pillow (Supplemental required)	(Supplemental required)	_	
Back packing	Jumping pad/pinow (supplemental required)Mountain boarding	☐ Bungee trampolines, #		
Caving	Paintball (Supplemental required)	☐ Tubing		
Circus activities	Petting zoo	☐ Water skiing	ال الحا.	
Cross country skiing	☐ Rappelling	☐ Waterslides over 15' in heig		
Farming	Rifle ranges, #	☐ Whitewater canoeing/kayaki	ing/raiting	
Fireworks (Supplemental required)	Rock climbing/climbing wall	☐ Zip lines, #		
Field sports	□ Rope courses	□ Other		
Gymnastics	☐ Saddle animals	Other		
Does camp have a safety plan for all a	ctivities checked? (If yes, attach copy)		Yes	□ No
	n services for any of these activities? If			□ No
			— 100	— 110
yes, piease explain.				
Annualification of incommunity and	///			
Are certificates of insurance provided			☐ Yes	□ No
Are any contracts signed with these g			Yes	☐ No
Do any activities take place off the ca			Yes	☐ No
If yes, please explain, including explai	nation of transportion:			
If shooting/riflery is provided, are NRA	standards met?	□ N/A	Yes	☐ No
	e: moonbounce, water trampoline, iceberg, blob, soft	play courses/wibits, etc)		
•		• •		
Average number of participants/camp	ers for each inflatable:			
Ago group for each inflatable:	cis for each innatable.			
Are inflatables.	☐ Leased/Rented			
Are inflatables: Owned				
	remises			
	n the operation rules of the inflatable element usage	?	Yes	
Are rules posted for all users?			Yes	
How will the unit(s) be protected from	unauthorized use?			
Are there any requirements to enter the	ne inflatable? (removal of shoes, glasses, etc.)			
	inclement weather? (ie: wind, rain, etc.)	☐ Yes ☐ No		
Confirm that NO inflatable will be set	un outdoors, if wind gusts exceed 20 mph on the da	v of operation?	□ Vec	□ No

17. SPECIFIC TO WATER BASED INFLATABLE ELI Are the element(s) maintained at all times (wher Are the element(s) supervised at a ratio of at lea Will diving off any of the element(s) be permitted Are lifejackets required? Are the units permanently anchored in the lake/ Will any element(s) be pulled by a motorboat? Softplay/Wibits — required photos of each element	n in use) i ist 1 lifegi d? body of w	n at least 6 uard to 4 po vater?	5' of water?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes		No No No No No
18. SADDLE ANIMALS \(\sigma\) N/A						
Number owned or leased:		Used at	t outside stable:			
If subcontracted, are certificates of insurance no	aming ca	mp as addi	tional insured required?	☐ Yes		
Are limits of \$1,000,000 required? If no, explain:				☐ Yes	; ப	I NO
Is safety equipment (e.g. helmets, heeled boots	, long pai	nts, etc.) re	quired?	☐ Yes	; 🗆	l No
Are horses available for riding during leased pe	riods?			☐ Yes	; 🗅	No No
If yes, please explain: Are instructors CHA certified?				Voc		No.
Are all saddle animals vaccinated?				☐ Yes		
Are any of these activities provided: vaulting, jum	ping, rode	eo activities,	, polo?	☐ Yes		
If yes, please explain, including heights of jumps	or vaults:					
19. PETTING ZOO 🗆 N/A						
What kind of animals? Are all animals properly vaccinated?				☐ Yes		1 No
Is there a hand washing station?				☐ Yes		
If no, explain:						
20. WATERSLIDE (over 15 feet in height) □ N/A Are there attendants at the top and bottom of the What is the height of each slide? What is the length of each slide? Is the slide maintained by a qualified maintenar Is head first sliding allowed? Are there signs posted to instruct patrons on profit yes, where:	ne slide(s) nce perso	to monitorn?	and space participants?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐	s 🗅	l No
21. IF CAMP UTILIZES A POOL: \(\sigma\) N/A			IF CAMP UTILIZES A LAKE, POND OR RIVER:	□ N/A		
Total number of pools:			Total number of lakes, ponds or rivers:			
Is it open to members of the public?			Is it open to members of the public?		Yes	☐ No
Maximum depth of swimming area:			Maximum depth of swimming area:			
Are depth markings clearly visible in and		-	Is swim area roped off?		Yes	☐ No
around the pool?	☐ Yes	□ No	Is signage posted clearly stating the depth of			
Number of diving boards: Height:_			water and the rules for the lake/pond?		Yes	☐ No
Depth of water at diving board entry:			Number of diving boards: Heig	jht:		
Is a lifeguard provided?	Yes	☐ No	Depth of water at diving board entry:			
If yes, ratio of swimmers to lifeguards: Are lifeguards certified?			Is a lifeguard provided?		Yes	☐ No
If yes, by whom:	☐ Yes	☐ NO	If yes, ratio of swimmers to lifeguards:			
Are rules posted at the pool area?	☐ Yes	□ No	Are lifeguards certified?		Yes	☐ No
Any nighttime swimming allowed?	☐ Yes	□ No	If yes, by whom:			
If yes, is pool lighted?	Yes	□ No	Rescue vehicle available?		Yes	☐ No
			Any nighttime swimming allowed?		Yes	☐ No
			If yes, describe lighting:			
Do you test each swimmers' swimming ability or experience Are there other bodies of water on premises (not just supervision utilized to prevent unauthorized use? Does your pool(s) meet the requirements of the Title as enacted on 12-18-08?	st those n	ormally util		rs, and/o and Spa	or gen I Yes a Safe	☐ No

Page 4 1072 01/19

22.	If your camp provides any of the following activities, please list the NUMBER of boats in each category below: Canoes, rowboats, kayaks, paddleboats, SUPsSailboatsPersonal WatercraftRe any boats over 21' in length?			
	Explain uses for powered boats and personal watercraft:			-
	Are lifejackets, etc. required to be worn by each participant during all water activities? Are campers always accompanied by qualified counselors? Are campers ever permitted to operate motorized boats? Are lifeguards always in attendance during these activities? Is area restricted to campers only during these activities?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No No	_
	WHITEWATER □ N/A What type: □ Raft □ Kayak □ Canoe □ Tube Instructors qualifications or outfitter used:			
	If outfitter, do you obtain certificate of insurance? Are you named as Additional Insured on guide's insurance? Completely describe any "whitewater" exposures:	☐ Yes☐ Yes		-
23.	GYMNASTICS N/A Floor exercises only? List all apparatus used:	☐ Yes	□ No	_
	Is counselor/instructor a certified USGA gymnastics instructor? If so, do you require a copy of the certificate? If not, explain the instructor's qualifications	☐ Yes☐ Yes		_
24.	ROPES COURSES/ZIP LINES \(\subseteq \text{N/A} \) Completely describe the area and type of high/low elements:			_
	Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? By whom (name of ACCT/PVM; AEE; PRCA, vendor used)? Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training):	☐ Yes	□ No	-
25.	SKATEBOARDING/SKATEPARK \(\subseteq \text{ N/A} \) Is safety equipment (helmet, knee pads, elbow pads, etc.) required? If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.) please describe and indicate size of each	☐ Yes ch?		
	If halfpipe, indicate height:			-
26.	CLIMBING WALLS/ROCK CLIMBING/RAPPELLING \(\text{NVMBER} \) N/A NUMBER of indoor climbing walls: Stationary/permanent: Moveable: Moveable: Moveable: List equipment used:			
	List counselors/instructors qualifications:			

Page 5 1072 01/19

27. CAVING □ N/A					
Cave type:	ontal				
Has the cave been approved for safety	?			☐ Yes	□ No
28. IIIIIIIIIIIIIII SEXUAL	. ABUSE/MOLES	TATION QUEST	TIONNAIRE IIIIIII		
For all limits of liability, specific risk manage All potential employees and volunteers a question (when permitted by state laws) or child abuse related offenses. Please it is not denied employment, we will need a	gement measures must be in pare required to complete an e that asks whether the individunclude a copy of the application	place. Please confirm the form mployment application. Apual has been convicted of on. If the applicant marks "y	ollowing: eplication should include a any crimes, including sexua es" to prior convictions and	☐ Yes	□ No
mitigate the exposure in order to determ. Criminal background checks conducted, individual is not on a state or national se	□ Yes	□ No			
References contacted verbally prior to al roles.		eers to participate in the o	rganization's activities or	☐ Yes	□ No
Written policy addressing inappropriate of			I molestation must be in place	ce□ Yes	□ No
and reviewed annually with employees a Procedures for reporting suspected sexu			nust be provided to	☐ Yes	□ No
employees, volunteers, and members. Annual training programs, for both emplo	oyees and volunteers, regardi	ing the prevention of sexua	al abuse, sexual misconduct	,	
and sexual molestation are required and		ala umdan tha ana af 10		☐ Yes	□ No
Explanation of proper conductEducation on and recognition				☐ Yes	☐ No
Documentation kept on file of			es of participants.	☐ Yes	□ No
	ed to sign a document acknow				
Zero tolerance for 1:1 interaction between individuals must be present, including or	ne of whom is over the age of			☐ Yes	□ No
times there must be a two-person rule in Employees/volunteers are prohibited from	•	en. This includes inapprop	riate conduct regarding	☐ Yes	□ No
social media. Any prior loss, or knowledge of, sexual r				☐ Yes	□ No
If yes, please provide detailed information	on, even if nothing was paid o	r only expenses were paid	l		
IIIIIII PLEASE BE SURE 7	TO ATTACH THE	FOLLOWING W	ITH THE APPLIC	CATIC	
☐ A. Camp brochure/literature defining	has changed wi	ithin the past 12 months).	as additional insure		
activities (if no camp website).	☐ G. Copy of staff ap		Excess Hired Auto C		
□ B. Schedule of events/activities or caler of camp season (if no camp website,		kground check consent camp website)	■ M. Copy of most recent inspection.	ropes co	urse/zipiine
☐ C. Company copies of loss history for la	ast 🔲 H. Copy of camper	r registration form (if not	☐ N. Auto schedule must		•
five (5) years.	on camp websit		capacity for each so 0 . Appropriate Questio		
□ D. Diagram, map or photos of camp including any natural or man-made	cknowledgment of risk om for campers (if not on	Application when th			
hazards.	camp website).	, ,	of the following: AT	V/Snowm	obile/
■ E. Copy of operations manual (including safety, medical and emergency		I permission slip for on camp website)	Dirt Bikes; Employe Personal Vehicles; F		
procedures)	□ K. Copy of contrac		Hayride; Jumping Pa		
and employee/staff training manual.	• •	•	Scuba/Skin Diving;	Snow Tub	
□ F. Brief resume of camp management	applicable.	ata of incompany from	Sledding; Trampolin		lamantal (if
personnel (required when camp ownership, operation or managemen	□ L. Copy of certifica transportation c	ate of insurance from company, naming camp	□ P. Workers Compensation coverage to be quotient		ementai (ii
I understand that the insurance company contained in the application and all other in all information provided is complete, true a	y in determining whether to nformation being submitted. I				
Applicant's Signature		Producer's Signature (if	applicable)		
Applicant's Name (print)		Producer's Name (print)			
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)				

Date (MM/DD/YYYY)
Page 6 1072 01/19