



The Camp Newsletter

January, 2022



THE AWFUL TRUTH ABOUT FAULTY CERTIFICATES OF INSURANCE

Let's be honest – most of you don't look carefully at the certificates of insurance you get from your vendors, contractors or user groups. Since so many large camp claims arise from outsiders, you really need to. Why would you want to have your own policies get hit with large nasty claims that go for big dollars and will only cause your own premiums to go way up if you can avoid it?

The answer of course is you wouldn't. If at all possible, you should transfer 'the risk of loss,' to the outside party. You should have a contract with the broadest hold harmless indemnity clause in your favor, and a strong insurance clause that mandates the outside group carry adequate coverage.

Certificates of insurance are issued to show you the coverage of the other party and they are not at all the same. Please follow the attached sample certificate of insurance and you should be in good shape:

1. You must always be certain the period of coverage encompasses the time period needed, and if it surpasses the expiration date, be sure to get a renewal certificate.
2. The limit of insurance should always be at least \$1 million except Umbrella Liability. How much to ask for depends on the vendor. We can help.

3. The ADDL INSD column is one place where you are included as an additional insured. The other place is under 4.
4. This area is critical. If it reads as shown that you are an additional insured if required by a written contract, and you don't have a contract with the vendor that specifies they name you as an additional insured under their \$1 million general liability, auto and umbrella policies, then the certificate is pretty much worthless. Their insurer will not defend you and you are on your own. ***Today most insurance policies and certificates of insurance have this requirement so please be careful!***
5. The exact name of your entity(ies) and address must be listed here. Many people incorrectly assume that as long as your camp is shown in this box the certificate is good. Unless you are specifically and correctly included as an additional insured, just having your name in this box only means the insurer for the vendor will notify you if the policy is cancelled. That's not good enough.
6. If the user group has minors you should see evidence of their sexual abuse coverage.

We are here to help. If you have any questions about this critical topic, please let us know.

And if you are interested in camp insurance quotes please reach out to Michael Labadorf CPCU, Executive Vice President at 800-221-2834 (outside NY Tri State Area), or 516-247-5850. Email mlabadorf@bbinsgc.com



CERTIFICATE OF LIABILITY INSURANCE

12/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Local Insurance Agency 123 First Street Anytown, USA 11111	CONTACT NAME: Vendor's Insurance Broker Name	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Camp Insurance Company ABC	
INSURED Camp Cova-Mee-Well Director 123 Main Street Anytown, US 00000	INSURER B: Camp Insurance Company DEF	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	3	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	2
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse 6 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	3	X	X	TBD	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	1
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	X	TBD	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		X		TBD	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A			TBD	11/01/2021	11/01/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured if required by a written contract 4

CERTIFICATE HOLDER

CANCELLATION

Your Camp Entity (ies) Name Your Name Your Street Your Town, USA 00000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  EVP