



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

## 1. GENERAL INFORMATION

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Camp Season Phone: \_\_\_\_\_ Camp Season Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. Name of Agency/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Camp Web site: \_\_\_\_\_

## 3. Insured is: Corporation Partnership Joint Venture For Profit 501 3C Non Profit

Other (explain): \_\_\_\_\_

## 4. Number of years in business: \_\_\_\_\_ Number of years under present management: \_\_\_\_\_

State the location in which the organization is headquartered/chartered: \_\_\_\_\_

## 5. Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_

## 6. Has your coverage ever been cancelled or non-renewed? Yes No If so, why: \_\_\_\_\_

## 7. COVERAGE INFORMATION

ADDITIONAL INSURED

RELATIONSHIP

ADDRESS

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS

## 8. Location of camp: \_\_\_\_\_

Location of off-premises office: \_\_\_\_\_

Is off-premises office located in a commercial building or residence? \_\_\_\_\_

## 9. List all other operations of the named insured, that are not camp related (e.g. missionary work, school, nursery or day care program, church operations, etc.): \_\_\_\_\_

## 10. Is the camp accredited by: ACA: Yes No CCCA: Yes No Other: \_\_\_\_\_

Are the camp directors accredited?  Yes  No

If yes, by whom: \_\_\_\_\_

## 11. Type of camp (Check all that apply):

Day Camp  Resident Camp  Travel Camp  Sports Camp  Special Needs  Adult

Day camp opens: \_\_\_\_\_

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 ( A x B x C ) = \_\_\_\_\_**

• If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.

Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses?  Yes  No

If yes, explain: \_\_\_\_\_

Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy?  Yes  No

Date of last board of health inspection: \_\_\_\_\_

Do employees, management, or caretakers, etc. live on premises annually?  Yes  No

If yes, whom: \_\_\_\_\_ How many units do they occupy? \_\_\_\_\_

If not, explain security/maintenance for premises in the "off-season": \_\_\_\_\_

Are all buildings at the insured premises owned by the named insured?  Yes  No  
 If no, please specify: \_\_\_\_\_  
 Do you have volunteers?  Yes  No  
 If yes, for what position(s)? \_\_\_\_\_  
 Are doctors, nurses and/or certified medical personnel on the premises during camp?  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?  Yes  No  
 The nearest hospital or emergency medical facility is \_\_\_\_\_ miles away.  
 Do you offer any counseling?  Yes  No  
 If so, describe what type of counseling is provided: \_\_\_\_\_  
 Psychiatrist \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Independent Contractor  
 Psychologist \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Independent Contractor  
 Clinical Social Worker \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Independent Contractor  
 Non-Clinical Social Worker \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Independent Contractor  
 Other (please describe): \_\_\_\_\_  
 Do any of the above have their own professional liability insurance policy in force?  Yes  No  
 If yes, provide the liability occurrence/aggregate limits: \_\_\_\_\_  
 Please describe at what point the child is sent home or referred to an outside therapist: \_\_\_\_\_

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 (e.g. deepfryers, grills, ovens, etc.): \_\_\_\_\_

Is there an Ansul or similar automatic fire protection system over all cooking surfaces?  Yes  No  
 If yes, is there a maintenance/inspection agreement?  Yes  No  
 How often is the system inspected? \_\_\_\_\_ How often are the hoods/ducts professionally cleaned? \_\_\_\_\_  
 Distance to nearest fire station: \_\_\_\_\_ (road miles)  Paid Fire Department  Volunteer Fire Department  
 Distance to nearest fire hydrant from the insured premises: \_\_\_\_\_  
 Do all sleeping rooms have smoke detectors? Battery operated \_\_\_\_\_ Hardwired \_\_\_\_\_  Yes  No  
 Do all sleeping rooms have carbon monoxide detectors?  Yes  No  
 Are any buildings sprinklered?  Yes  No  
 If so, which ones: \_\_\_\_\_  
 Do you have a written crisis/emergency plan?  Yes  No  
 Does the plan address contingency plans to keep camp operating after a loss?  Yes  No  
 Does the plan apply to both on and off premises situations?  Yes  No

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

Is camp leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?  Yes  No  
 If yes, are certificates of insurance naming camp as an additional insured required?  Yes  No  
 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: \$** \_\_\_\_\_  
 During leased periods, does camp director/management or any other employees remain on the premises?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Do activities take place during leased period that do not take place during usual camp operations?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Do you sell or furnish liquor during leased periods?  Yes  No  
 If yes, please complete the Liquor Liability Application.

13. **PERSONNEL**

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  No  
 Describe formal training, certification or previous experience required of counselors: \_\_\_\_\_

**14. TRANSPORTATION**

Is camp responsible for campers transportation to and from camp?  Yes  No  
 Do you allow any camp employees or volunteers to transport campers in their personal vehicles?  Yes  No  
*If yes, please complete the Employee/Volunteer Transportation Questionnaire.*  
 Does camp hire:  vans  buses  other  
**Annual cost to hire vehicles:**  
**A. Where the camp must insure the vehicle \$ \_\_\_\_\_ (Primary)**  
**B. Where the lessor insures the vehicle \$ \_\_\_\_\_ (Excess)**  
 Does your bus company use only CDL drivers and do they check their motor vehicle records annually?  Yes  No  
 Have you had positive experiences with your chartered bus company and understand them to be a reputable bus company?  Yes  No  
*You must attach a copy of your bus contracts and obtain a certificate of auto liability insurance naming your camp entity(ies) as an additional insured with limits no less than \$1 million, but preferably \$5 million or more.*  
 Minimum age of drivers who transport campers? \_\_\_\_\_  
 Minimum age of drivers not transporting campers? \_\_\_\_\_  
 Is a fleet safety program in place?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Are vehicles ever loaned or given to employees for their use?  Yes  No  
 Who is responsible for maintenance of vehicles? \_\_\_\_\_  
 Do you own 15-passenger buses or vans?  Yes  No  
 If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling: \_\_\_\_\_

**15. ACTIVITIES**

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

<u>YES</u>	<u>ACTIVITY</u>	<u>YES</u>	<u>ACTIVITY</u>	<u>YES</u>	<u>ACTIVITY</u>
<input type="checkbox"/>	Adventure program	<input type="checkbox"/>	Go-karts <i>(Go-Kart Operations Minimum Underwriting Guidelines required)</i>	<input type="checkbox"/>	Skateboarding ramps/jumps
<input type="checkbox"/>	Alpine skiing	<input type="checkbox"/>	Hayrides <i>(Supplemental required)</i>	<input type="checkbox"/>	Skin or scuba diving <i>(Supplemental required)</i>
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Inflatable elements, # _____	<input type="checkbox"/>	Snow tubing/Sledding <i>(Supplemental required)</i>
<input type="checkbox"/>	ATVs/dirt bikes <i>(Supplemental required)</i>	<input type="checkbox"/>	Jumping pad/pillow <i>(Supplemental required)</i>	<input type="checkbox"/>	Trampolines, # _____
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Mountain boarding	<input type="checkbox"/>	<i>(Supplemental required)</i>
<input type="checkbox"/>	Back packing	<input type="checkbox"/>	Paintball <i>(Supplemental required)</i>	<input type="checkbox"/>	Bungee Trampolines, # _____
<input type="checkbox"/>	Caving	<input type="checkbox"/>	Petting zoo	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	Circus activities	<input type="checkbox"/>	Rappelling	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Cross country skiing	<input type="checkbox"/>	Rifle ranges, # _____	<input type="checkbox"/>	Waterslides over 15' in height, # _____
<input type="checkbox"/>	Farming	<input type="checkbox"/>	Rock climbing/climbing wall	<input type="checkbox"/>	Whitewater canoeing/kayaking/rafting
<input type="checkbox"/>	Fireworks <i>(Supplemental required)</i>	<input type="checkbox"/>	Rope courses	<input type="checkbox"/>	Zip lines, # _____
<input type="checkbox"/>	Field sports	<input type="checkbox"/>	Saddle animals	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Gymnastics			<input type="checkbox"/>	Other _____

Does camp have a safety plan for all activities checked? *(If yes, attach copy)*  Yes  No  
 Does camp contract others for program services for any of these activities?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Are certificates of insurance provided? *(If yes, attach sample)*  Yes  No  
 Are any contracts signed with these groups? *(If yes, attach copies)*  Yes  No  
 Do any activities take place off the camp premises?  Yes  No  
 If yes, please explain, including explanation of transportation: \_\_\_\_\_  
 If shooting/riflery is provided, are NRA standards met?  N/A  Yes  No

**16. INFLATABLE ELEMENTS**

N/A *(e.g. moonbounce, water trampoline, iceberg, blob, soft play courses/wibits, etc.)*  
 Type of inflatable (official name): \_\_\_\_\_  
 Average number of participants/campers for each inflatable: \_\_\_\_\_  
 Age group for each inflatable: \_\_\_\_\_

Are inflatables:  Owned  Leased/Rented  
 Are inflatables:  Kept on premises  Taken off premises  Both  
 Are all employees/lifeguards trained in the operation rules of the inflatable element usage?  Yes  No  
 Are rules posted for all users?  Yes  No  
 How will the unit(s) be protected from unauthorized use? \_\_\_\_\_

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) \_\_\_\_\_  
 Are there any restrictions in place for inclement weather? (e.g. wind, rain, etc.)  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Confirm that NO inflatable will be set up outdoors if wind gusts exceed 20 mph on the day of operation?  Yes  No

17. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY**  N/A

Are the element(s) maintained at all times (when in use) in at least 6' of water?  Yes  No  
 Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons?  Yes  No  
 Will diving off any of the element(s) be permitted?  Yes  No  
 Are life jackets required?  Yes  No  
 Are the units permanently anchored in the lake/body of water?  Yes  No  
 Will any element(s) be pulled by a motorboat?  Yes  No  
 Softplay/Wibits - required photos of each element (include with submission) and describe each element: \_\_\_\_\_

18. **SADDLE ANIMALS**  N/A

Number owned or leased: \_\_\_\_\_ Used at outside stable: \_\_\_\_\_  
 If subcontracted, are certificates of insurance naming camp as additional insured required?  Yes  No  
 Are limits of \$1,000,000 required?  Yes  No  
 If no, explain: \_\_\_\_\_  
 Is safety equipment required? (e.g. helmets, heeled boots, long pants, etc.)  Yes  No  
 Are horses available for riding during leased periods?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Are instructors CHA certified?  Yes  No  
 Are saddle animals vaccinated?  Yes  No  
 Are any of these activities provided: vaulting, jumping, rodeo activities, polo?  Yes  No  
 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  No  
 Is there a hand washing station?  Yes  No  
 If no, explain: \_\_\_\_\_

20. **WATERSLIDE** (over 15 feet in height)  N/A Number of waterslides: \_\_\_\_\_

Are there attendants at the top and bottom of the slide(s) to monitor and space participants?  Yes  No  
 What is the height of each slide? \_\_\_\_\_  
 What is the length of each slide? \_\_\_\_\_  
 Is the slide maintained by a qualified maintenance person?  Yes  No  
 Is head first sliding allowed?  Yes  No  
 Are there signs posted to instruct patrons on proper behavior and riding techniques?  Yes  No  
 If yes, where: \_\_\_\_\_

21. **IF CAMP UTILIZES A POOL:**  N/A

Total number of pools: \_\_\_\_\_  
 Is it open to members of the public?  Yes  No  
 Maximum depth of swimming area: \_\_\_\_\_  
 Is it fenced?  Yes  No Height: \_\_\_\_\_  
 Are depth markings clearly visible in and around pool?  Yes  No  
 Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_  
 Depth of water at diving board entry \_\_\_\_\_  
 Is a lifeguard provided?  Yes  No  
 If yes, ratio of swimmers to lifeguards: \_\_\_\_\_  
 Are lifeguards certified?  Yes  No  
 If yes, by whom: \_\_\_\_\_  
 Are rules posted at the pool area?  Yes  No

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

Total number of lakes, ponds or rivers: \_\_\_\_\_  
 Is it open to members of the public?  Yes  No  
 Maximum depth of swimming area: \_\_\_\_\_  
 Is swim area roped off?  Yes  No  
 Is signage posted clearly stating the depth of water and the rules for the lake/pond?  Yes  No  
 Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_  
 Depth of water at diving board entry: \_\_\_\_\_  
 Is a lifeguard provided?  Yes  No  
 If yes, ratio of swimmers to lifeguards: \_\_\_\_\_  
 Are lifeguards certified?  Yes  No  
 If yes, by whom: \_\_\_\_\_  
 Rescue vehicle available?  Yes  No

Any nighttime swimming allowed?  Yes  No      Any nighttime swimming allowed?  Yes  No  
 If yes, is pool lighted?  Yes  No      If yes, describe lighting: \_\_\_\_\_  
 Do you test each swimmers' swimming ability or experience/skill level?  Yes  No  
 Are there other bodies of water on premises (*not just those normally utilized*) and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use?  Yes  No  
 Does your pool(s) meet the requirements of the Title XIV of Public Law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-08?  Yes  No

22. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING**  N/A

If your camp provides any of the following activities, please list the **NUMBER** of boats in each category below:

\_\_\_\_\_ Canoes, rowboats, kayaks, paddleboats, SUPs      \_\_\_\_\_ Motorboats under 76 HP  
 \_\_\_\_\_ Sailboats      \_\_\_\_\_ Motorboats over 76 HP  
 \_\_\_\_\_ Personal Watercraft      \_\_\_\_\_ Are any boats over 21' in length?  
 (e.g. Jet Skis, Waverunners, etc.)

Explain uses for powered boats and personal watercraft: \_\_\_\_\_

Are lifejackets, etc. required to be worn by each participant during all water activities?  Yes  No  
 Are campers always accompanied by qualified counselors?  Yes  No  
 Are campers ever permitted to operate motorized boats?  Yes  No  
 Are lifeguards always in attendance during these activities?  Yes  No  
 Is area restricted to campers only during these activities?  Yes  No

**WHITewater**  N/A

What type:  Raft  Kayak  Canoe  Tube

Instructors qualifications or outfitter used: \_\_\_\_\_

If outfitter, do you obtain certificate of insurance?  Yes  No  
 Are you named as Additional Insured on guide's insurance?  Yes  No  
 Completely describe any "whitewater" exposures: \_\_\_\_\_

23. **GYMNASTICS**  N/A

Floor exercises only?  Yes  No  
 List all apparatus used: \_\_\_\_\_

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: \_\_\_\_\_

24. **ROPES COURSES/ZIP LINES**  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)  Yes  No  
 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): \_\_\_\_\_

25. **SKATEBOARDING/SKATEPARK**  N/A

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

If halfpipe, indicate height: \_\_\_\_\_  
 How is skatepark protected from unauthorized usage? \_\_\_\_\_

26. **CLIMBING WALLS/ROCK CLIMBING/RAPPELLING**  N/A  
**NUMBER of indoor** climbing walls: Stationary/permanent: \_\_\_\_\_ Moveable: \_\_\_\_\_  
**NUMBER of outdoor** climbing walls: Stationary/permanent: \_\_\_\_\_ Moveable: \_\_\_\_\_  
 List equipment used: \_\_\_\_\_  
 \_\_\_\_\_  
 List counselors/instructors qualifications: \_\_\_\_\_  
 \_\_\_\_\_

27. **CAVING**  N/A  
 Cave type:  Vertical  Horizontal  
 If vertical, how deep? \_\_\_\_\_  
 Has the cave been approved for safety?  Yes  No

28. **SEXUAL ABUSES/MOLESTATION QUESTIONNAIRE**  
**For all limits of liability, specific risk management measures must be in place. Please confirm the following:**  
 All potential employees and volunteers are required to complete an employment application. Application should include a question (when permitted by state laws) that asks whether the individual has been convicted of any crimes, including sexual or child abuse related offenses. **Please include a copy of the application. If the applicant marks "yes" to prior convictions and is not denied employment, we will need a full explanation on why and what risk management procedures are in place to mitigate the exposure in order to determine eligibility for sexual misconduct coverage.**  Yes  No  
 Criminal background checks conducted, to include state and county, for all new employees and volunteers. Verification that individual is not on a state or national sex offender registry.  Yes  No  
 References contacted verbally prior to allowing employees and volunteers to participate in the organization's activities or roles.  Yes  No  
 Written policy addressing inappropriate conduct of sexual abuse, sexual misconduct, and sexual molestation must be in place and reviewed annually with employees and volunteers. **Please provide a copy of written policy.**  Yes  No  
 Procedures for reporting suspected sexual abuse, sexual misconduct, and sexual molestation must be provided to employees, volunteers, and members.  Yes  No  
 Annual training programs, for both employees and volunteers, regarding the prevention of sexual abuse, sexual misconduct, and sexual molestation are required and includes the following:  
 • Explanation of proper conduct while working with individuals under the age of 18.  Yes  No  
 • Education on and recognition of the "grooming process" used by sex offenders.  Yes  No  
 • Documentation kept on file of the type of training provided, dates provided, and names of participants.  Yes  No  
 Participants should be required to sign a document acknowledging their understanding of the policies.  
 Zero tolerance for 1:1 interaction between campers, staff, and camper to camper relationships. At least two unrelated individuals must be present, including one of whom is over the age of 16, while overseeing children and youth. At all times there must be a two-person rule in place.  Yes  No  
 Employees/volunteers are prohibited from outside contact with children. This includes inappropriate conduct regarding social media.  Yes  No  
 Any prior loss, or knowledge of, sexual misconduct.  Yes  No  
 If yes, please provide detailed information, even if nothing was paid or only expenses were paid. \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A. Camp brochure/literature defining activities (if no camp website).   | <input type="checkbox"/> G. Copy of staff application and, when applicable, background check consent form (if not on camp website).   | <input type="checkbox"/> M. Copy of most recent ropes course/zipline inspection.  |
| <input type="checkbox"/> B. Schedule of events/activities or calendar of camp season (if no camp website).   | <input type="checkbox"/> H. Copy of camper registration form (if not on camp website).  | <input type="checkbox"/> N. Auto schedule must include seating capacity for each scheduled van or bus.  |
| <input type="checkbox"/> C. Company copies of loss history for last five (5) years.  | <input type="checkbox"/> I. Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).  | <input type="checkbox"/> O. Appropriate Questionnaire/Supplemental Application when the insured has any of the following: ATV/Snowmobile/ Dirt Bikes; Employee Transportation in Personal Vehicles; Fireworks; Go Karts; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/ Sledding; Trampolines. |
| <input type="checkbox"/> D. Diagram, map or photos of camp including any natural or man-made hazards.  | <input type="checkbox"/> J. Copy of medical permission slip for campers (if not on camp website).   | <input type="checkbox"/> P. Workers' Compensation Supplemental (if coverage to be quoted).  |
| <input type="checkbox"/> E. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.                       | <input type="checkbox"/> K. Copy of contract or lease agreement used for lessors of premises, if applicable.  |   |
| <input type="checkbox"/> F. Brief resume of camp management personnel (required when camp ownership, operation or management has changed within the past 12 months). | <input type="checkbox"/> L. Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided |   |

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)