



Brown & Brown of Garden City, Inc.
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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

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 thereapist: _____

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.)

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

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 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: _____
 Are rules posted at the pool area? Yes No
 Any nighttime swimming allowed? Yes No
 If yes, is pool lighted? Yes No

If yes, by whom: _____
 Rescue vehicle available? Yes No
 Any nighttime swimming allowed? 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. **GYMNASICS** 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 inappropriate outside contact with campers. 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). | as additional insured is required if Excess Hired Auto coverage is provided |
| <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"/> M. Copy of most recent ropes course/zipline inspection. |
| <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"/> N. Auto schedule must include seating capacity for each scheduled van or bus. |
| <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"/> 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"/> 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"/> P. Workers' Compensation Supplemental |
| <input type="checkbox"/> F. Brief resume of camp management personnel (required when camp has changed within the past 12 months). | <input type="checkbox"/> L. Copy of certificate of insurance from | |

ownership, operation or management

transportation company, naming camp

(if coverage to be quoted).

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)