

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

bbinsgc.com

## CAMP **RENEWAL APPLICATION**

Name o	f Insured:	
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Operations/site layout Camp activities Security/imedical procedures Lease agreements Camp personnel (training/ratios/hiring practices, etc.) If any of the above questions were answered 'yes' as respects changed from last year, please explain:    Dates of camp:	an	ie or insurea:								
Operations/site layout Camp activities Security/medical procedures Lease agreements Camp accreditation Camp personnel (training/ratios/hiring practices, etc.) If any of the above questions were answered 'yes' as respects changed from last year, please explain:    Dates of camp:		Emergency/safety plans (						□ <b>v</b>	'es	□ No
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Lease agreements Camp personnel (training/ratios/hiring practices, etc.)  If any of the above questions were answered 'yes' as respects changed from last year, please explain:  Dates of camp: Camper days calculation (A x B x C = camper days)  A Average number of camper answered 'yes' as respects changed from last year, please explain:  Annual rental receipts (non-camp activities, ie: group/facility rental, retreats, conferences, meetings, church groups, etc.)  S Indicate the number you have for each of the items listed:  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Sailboats, official in the items listed)  • Class II Boats (Motor > 76/ip; Speedboats; blob, etc.)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Class II Boats (Motor > 76/ip; Speedboats; blob, etc.)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Class II Boats (Motor > 76/ip; Speedboats; blob, etc.)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Climbing Walls Towers (stationary)  * Interpoline, iceberg, official in the items listed (in the items listed)  • Climbing Walls Towers (stationary)  * Interpoline (lead)  • Climbing Walls Towers (stationary)  * Interpoline (lead)  • Climb								=		☐ No
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Camp personnel (training/ratios/hiring practices, etc.)  If any of the above questions were answered "yes" as respects changed from last year, please explain:    Dates of camp:   Camper days calculation (A x B x C = camper days)									es	□ No
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Personal Watercraft) - Saddle Animals - Bungee Trampolines - Lakes - (ie: if quad indicate 4) - Pools - Pools - Dwellings/Units occupied annually - Paintball Fields - Waterslides (> 15') - Dwellings/Units occupied annually - Paintball Fields - Waterslides (> 15') - Waterslides (> 15') - Does your bus company (where camp must insure the vehicles) - Excess (where the lessor insures the vehicles) - Excess (where the lessor insures the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Excess (where the lessor insures the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Excess (where the lessor insures the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Fireworks (number of displays/shows per year)  Auto - Cost of Hire: - Primary (where camp must insure the vehicles) - Fireworks (number of displays/shows per year)  - Fireworks (number of displays/shows p					ine, iceb					
Saddle Animals  Bungee Trampolines  Alekes  (ie: if quad indicate 4)  Pools  Dwellings/Units occupied annually  Waterslides (> 15')  by maintenance/owners/ directors/employees  Auto - Cost of Hire:  Primary (where camp must insure the vehicles)  Excess (where the lessor insures the vehicles)  Excess (where the lessor insures the vehicles)  Excess (where the lessor insures the vehicles)  Does your bus company use only CDL drivers and do they check their motor vehicle records annually?  Have you had positive experiences with your chartered bus company and understand them to be a reputable bus company? 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.  Do you offer any counseling?  If so, describe what type of counseling is provided:  Psychiatrist  Employee  Volunteer  Independent Contractor  Clinical Social Worker  Employee  Volunteer  Independent Contractor  Other (please describe):  Do any of the above have their own professional liability insurance policy in force?  If yes, provide the liability occurrence/aggregate limits:  Please describe at what point the child is sent home or referred to an outside thereapist:  Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Villing in the Air Plantal Fields  Piental Fields  Piental Fields  Paintall Fi			Shp; Spe		I =I\	·				
- Lakes		,								
Pools Waterslides (> 15') Waterslides (> 15')  Does your bus company use only CDL drivers and do they check their motor vehicle records annually? Have you had positive experiences with your chartered bus company and understand them to be a reputable bus company?  Yes Have you had positive oxperiences with your chartered bus company and understand them to be a reputable bus company?  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.  Do you offer any counseling?  If so, describe what type of counseling is provided:  Psychiatrist Employee Volunteer Independent Contractor  Clinical Social Worker Employee Volunteer Independent Contractor  Other (please describe):  Do any of the above have their own professional liability insurance policy in force?  If yes, provide the liability occurrence/aggregate limits:  Please describe at what point the child is sent home or referred to an outside thereapist:  Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Paintball Fields Fireworks (number of displayed) Fireworks (number of displayed) Fireworks (number of displayed) Fireworks (number of displays/shows per year)  Auto - Cost of Hire: Primary (where camp must insure the vehicles)  \$  Ves    Paintball Fields Fireworks (number of displays/shows per year)  Auto - Cost of Hire: Primary (where camp must insure the vehicles)  Fireworks (number of displays/shows per year)  \$  Ves    Paintball Fields Fireworks (number of displays/shows per year)  \$  Ves    Paintball Fields Fireworks (number of displays/shows per year)  \$  Ves    Paintball Fields Fireworks (number of displays/shows per year)  \$  Ves    Paintball Fields Fireworks (number of displays)  Pes    Paintball F				(io: if auad ind				l Ranges		
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□ 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?  If yes, provide the liability occurrence/aggregate limits:  Please describe at what point the child is sent home or referred to an outside thereapist:  Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes  Yes  Yes  Output  Yes  Yes  Yes  Output		, ,		na is provided:				Y	es	□ No
☐ Psychologist Employee Volunteer Independent Contractor   ☐ Clinical Social Worker Employee Volunteer Independent Contractor   ☐ Non-Clinical Social Worker Employee Volunteer Independent Contractor   ☐ Other (please describe): ☐ Yes    The state of t						Independent Contract	or			
Clinical Social Worker					-					
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   If yes, provide the liability occurrence/aggregate limits:   Please describe at what point the child is sent home or referred to an outside thereapist:    Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes □						·		or		
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IT VAD INDOOD COMPLETE GUACITANIAITA ON PAGA '					e (it elig	lible) ?		Y	es	□ No

SEXUAL ABUSE/MOLES	TATION QUESIONNAIRE N/A
For all limits of liability, specific risk management measures mus	
For all potential employees and volunteers are required to complete at	
question (when permitted by state laws) that asks whether the individu	
or child abuse related offenses. Please include a copy of the applic	
is not denied employment, we will need a full explanation on why and	0 ,
mitigate the exposure in order to determine eligibility for sexual miscol Criminal background checks conducted, to include state and county, f	for all new employees and volunteers. Verification that \(\sum \) Yes \(\sum \) No
individual is not on a state or national sex offender registry. References contacted verbally prior to allowing employees and volunt	eers to participate in the organization's activities or Yes No
roles. Written policy addressing inappropriate conduct of sexual abuse, sexu	
and reviewed annually with employees and volunteers. <b>Please provio</b> Procedures for reporting suspected sexual abuse, sexual misconduct,	
employees, volunteers, and members. Annual training programs, for both employees and volunteers, regardi	ng the prevention of sexual abuse, sexual misconduct,
and sexual molestation are required and includes the following:	
Explanation of proper conduct while working with individual  Education on and recognition of the "greening process," we	
<ul> <li>Education on and recognition of the "grooming process" us</li> <li>Documentation kept on file of the type of training provided,</li> </ul>	<del>_</del>
Participants should be required to sign a document acknown	
Zero tolerance for 1:1 interaction between campers, staff, and camper individuals must be present, including one of whom is over the age of	to camper relationships. At least two unrelated  Yes  No
times there must be a two-person rule in place.	•
Employees/volunteers are prohibited from inappropriate outside conta regarding social media.	ct with campers. This includes inappropriate conduct
Any prior loss, or knowledge of, sexual misconduct.	☐ Yes ☐ No
If yes, please provide detailed information, even if nothing was paid or	r only expenses were paid.
I understand that the insurance company in determining whether to provide	e a quotation for insurance coverage will rely on the information contained
in the application and all other information being submitted. I hereby warra information provided is complete, true and correct.	
Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Signature (if applicable)
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)