



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 of Insured: _____

1. Please indicate if there have been **any changes** to the following:
- Emergency/safety plans (including fire protection) Yes No
 - Management Yes No
 - Operations/site layout Yes No
 - Camp activities Yes No
 - Security/medical procedures Yes No
 - Lease agreements Yes No
 - Camp accreditation Yes No
 - Camp personnel (training/ratios/hiring practices, etc.) Yes No

If any of the above questions were answered "yes" as respects changed from last year, please explain: _____

2. Dates of camp: _____

3. Camper days calculation ($A \times B \times C = \text{camper days}$)

A. Average number of campers per day	X	B. Number of days per week	X	C. Number of weeks per year	=	Total number of camper days
--------------------------------------	---	----------------------------	---	-----------------------------	---	-----------------------------

4. Annual rental receipts (non-camp activities, ie: group/facility rental, retreats, conferences, meetings, church groups, etc.)
 \$ _____

5. Indicate the number you have for each of the items listed:
- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Class II Boats (Sailboats, Motorboats < 76hp) _____ • Class III Boats (Motor > 76hp; Speedboats; Personal Watercraft) _____ • Saddle Animals _____ • Lakes _____ • Pools _____ • Waterslides (> 15') _____ | <ul style="list-style-type: none"> • Inflatable Elements (ie: moonbounce, water trampoline, iceberg, blob, etc.) _____ • Trampolines (land) _____ • Bungee Trampolines (ie: if quad indicate 4) _____ • Dwellings/Units occupied annually by maintenance/owners/directors/employees _____ | <ul style="list-style-type: none"> • Climbing Walls/Towers (stationary) _____ • Climbing Walls/Towers (moveable) _____ • Zip Lines _____ • Rifle/Pistol Ranges _____ • Paintball Fields _____ • Fireworks (number of displays/shows per year) _____ |
|--|---|---|

6. Auto - Cost of Hire: Primary (where camp must insure 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? 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.

7. 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: _____

8. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No
 If yes, please complete questionnaire on page 2.

SEXUAL ABUSE/MOLESTATION QUESTIONNAIRE N/A

For all limits of liability, specific risk management measures must be in place. Please confirm the following:

For 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. _____

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 Signature (if applicable)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)