SOBEL AFFILIATES rown k rown A BROWN & BROWN COMPANY Insurance since 1904 URANCE®

595 Stewart Avenue, Suite 600 Garden City, NY 11530 Phone: (516) 745-1111 Fax: (516) 745-5733

CAMP INSURANCE INFORMATION FORM

		IIIIII GENI	ERAL INFO	ORMATIO			
Name of Insured (a	s will appear on p	olicy):					
Doing business as:							
Mailing Address:							
City:				State:		Zip:	
Contact Person				FFIN#·			
Person is: 🗅 Own	er 🛛 🖵 Promoter	🗅 Agent 🛛 🗅	Other:				
Camp Season Phone):		Off Season Phon	e:	Fax:		
Name of Agency/B	rokerage:						
Contact Person:			E-mai	Address:			
Mailing Address:							
City:				State:		Zip:	
Phone:			Fax	(:			
Camp Web site:							
	ooration 🛛 🖵 Par er (explain):			For Profit	501 3C Non Profit	[
Number of years in	business:		Numbe	r of vears under	present management:		
State the location in	which the organiza	tion is headquarte	red/chartered:				
Policy period reques	ted: From:			To:			
Has your coverage e	ver been cancelled	or non-renewed?	🗆 Yes 🗆 No	If so, why:			
nao jour cororago e							
Please describe any	prior losses over \$5	5.000:					
,	p	.,					
Location of camp:							
Location of off-prem							
Is off-premises offic	e located in a comm	nercial building or	residence?				
Total so footage of	off-premises office.	iorolai bananig or					
Any other insured lo	cations [.]						
	ons of the named in	sured, that are no			rk, school, nursery or da	y care program, chu	rch
Is the camp accredit	•	🗅 Yes 🗅 No	CCCA:	🗅 Yes 🗅 No	Other:		
Are the camp direct	ors accredited?					🗅 Yes	🗅 No
If yes by whom:							
Type of camp (Chec						N A .III	
Day Camp	🗅 Resident Camp	D Travel C	amp 🗆 Sp		•	Adult	
Date camp opens:		· · ·		_ closes:			
	A Average number		-				
	8. Number of days						
(Number of weeks						
		f camper days (A	•		<i>.</i>		
					onal sheet of paper and lis		
Are any camp session	ons designed for the	ose with physical o	r mental handica	ips, challenges of	r IIInesses?	🗅 Yes	🗅 No
If yes, explain:							

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	
If yes, for what position(s)?		
Are doctors, nurses and/or certified medical personnel on the premises during camp? If not, explain medical procedures:	🗅 Yes	
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	
Does camp obtain medical permission slips? (If yes, attach copy)	C Yes	
Does camp require details regarding all prescription medicines being used by campers?	🗅 Yes	
The nearest hospital or emergency medical facility ismiles away. Does camp carry primary accident medical and/or sickness insurance?	🖵 Yes	
If yes, name of insurer? Limit per camper?		
Would you like a quote for excess camper medical insurance?	🗅 Yes	
Does camp require an acknowledgement of risk/consent form to be signed by each camper and		
their parent(s)/guardian(s) <i>(If yes, attach copy)</i> ?	🗅 Yes	🗅 No
Describe cooking facilities (ie. deepfryers, grills, ovens, etc.):		
Is there an Ansul or similar automatic fire protection system over all cooking surfaces?	🖵 Yes	🗆 No
If yes, what type:		
If no, explain:		
Distance to nearest fire station:(road miles)	Department	
Distance to nearest fire hydrant from the insured premises	-	
Do all sleeping rooms have smoke detectors?	🗅 Yes	🗅 No
Are any buildings sprinklered?	🗅 Yes	🗅 No
If so, which ones:		
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Is camp leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?	🗅 Yes	
If yes, are certificates of insurance naming camp as an additional insured required?	Q Yes	
Are limits of \$1,000,000 required?	Q Yes	
If no, explain:		
Are contracts/agreements signed with these entities (<i>If yes, attach sample</i>)?	🗅 Yes	
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	
If yes, please complete the Liquor Liability Application.		
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
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:		

	IIII TRANSPORTATION IIIIIII				
Is camp responsible for campers transportation	to and from camp?) Yes		
Do you allow any camp employees or volunteers to transport campers in their personal vehicles?					
If yes, please complete the Employee/Volunteer Transportation Questionnaire. Does camp hire:					
					Annual cost to hire vehicles:
A. Where the camp must insure the	e vehicle \$ (P	rimary)			
B. Where the lessor insures the vel	nicle \$ (Exces	s) *			
	nsurance evidencing automobile liability coverage		nsured.		
	3?				
	ers?				
Is a fleet safety program in place?			🗅 Yes	🗅 No	
If yes, please describe:					
Are vehicles ever loaned or given to employees	Are vehicles ever loaned or given to employees for there use?				
	?				
Do you own 15-passenger buses or vans?		Γ) Yes		
If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling:					
	IIIIIIIII ACTIVITIES IIIIIIIIIII				
Are any of the following activit	ies provided by the camp (Additional underwriti	ng information may be required)?			
YES ACTIVITY	YES ACTIVITY	<u>YES</u> <u>ACTIVITY</u>			
Adventure program	Go-karts (Go-Kart Operations Minimum Underwriting	Skateboarding ramps/jumps			
Alpine skiing	Guidelines required)	Skin or scuba diving (Diving Questionn	aire requ	ired)	
□ Archery	Gymnastics	Trampolines, #	-		
ATVs/dirt bikes (ATV/Dirt Bike Questionnaire required)	□ Inflatable elements, #	(Trampoline Questionnaire required)			
Bicycling	Mountain boarding	Bungee trampolines, #			
Back packing	Paintball (Paintball Supplemental Application required)	Tubing			
Caving	Petting zoo	Water skiing			

Fireworks (Fireworks Supplemental required)	Rope courses	Other
Field sports	Saddle animals	Other
Does camp have a safety plan for all activi Does camp contract with others for progra If yes, please explain:		
Are certificates of insurance provided <i>(If y</i>). Are any contracts signed with these groups Do any activities take place off the camp p If yes, please explain, including explanation	s <i>(If yes, attach copies)</i> ? premises?	
If shooting/riflery is provided, are NRA stan	ndards met?	

Rappelling

□ Rifle ranges, #__

Rock climbing/climbing wall

If shooting/riflery is provided, are NRA standards met?

 Circus activities Cross country skiing

□ Farming

INFLATABLE ELEMENTS I N/A *(ie: moonbounce, water trampoline, iceberg, blob, etc...)*

ype of inflatable (official name):						
Average number of participants/campers 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?						
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? (ie: 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				

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation?

🗆 Yes 🗅 No 🗆 Yes 🗖 No

□ Yes □ No 🗆 Yes 🛛 No 🗆 Yes 🗖 No

🗆 Yes 🛛 No

□ Waterslides over 15' in height, #___

Zip lines, #____

□ Whitewater canoeing/kayaking/rafting

SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY IN/A Are the element(s) maintained at all times (when in use) in at least 6' of water? Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Will diving off any of the element(s) be permitted? Are lifejackets required? Are the units permantly anchored in the lake/body of water? Will any element(s) be pulled by a motorboat?	 Yes Yes Yes Yes Yes Yes Yes 	 No No No No
SADDLE ANIMALS D N/A		
Number owned or leased: Used at outside stable: If subcontracted, are certificates of insurance naming camp as additional insured required?	🗆 Yes	
Are limits of \$1,000,000 required?	□ Yes	
If no, explain:		
Is safety equipment <i>(e.g. helmets, heeled boots, long pants, etc.)</i> required?	🗅 Yes	🗅 No
Are horses available for riding during leased periods?	🗅 Yes	🗅 No
If yes, please explain:		
Are instructors CHA certified?	🗅 Yes	
Are all saddle animals vaccinated?	🗅 Yes	🗅 No
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:		
WATEDELIDE (over 15 feet in height) DN/A		
WATERSLIDE (over 15 feet in height)	🗅 Yes	
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:		

IF CAMP UTILIZES A POOL: D 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 the 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
Any nighttime swimming allowed?		🗅 Yes	🗅 No
If yes, is pool lighted?		🗅 Yes	🗅 No
Total number of lakes, ponds or rivers:			

IF CAMP UTILIZES A LAKE, POND OR RIVER: DN/A

II OAMI OTIELEE A EARE, I OND ON M			
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
If yes, describe lighting:			

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?

Are your pools/spa's compliant with the Virginia Graeme Baker Pool & Spa Safety Act?

If your camp provides any of the following activities, please list the number of boats in each category below: Canoes Kayaks Motorboats under 76 HP Rowboats Paddleboats Motorboats over 76 HP Personal Watercraft Sailboats 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? 🗆 No 🗅 Yes Are campers always accompanied by gualified counselors? 🗆 Yes 🗅 No Are campers ever permitted to operate motorized boats? □ Yes □ No Are lifequards always in attendance during these activities? □ Yes □ No Is area restricted to campers only during these activities? □ Yes □ No Completely describe any "white water" exposures, including the experience of counselors: **GYMNASTICS D** N/A □ Yes □ No Floor exercises only? 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 ROPES COURSES/ZIP LINES D 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? Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training): SKATEBOARDING/SKATEPARK D 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? CLIMBING WALLS/ROCK CLIMBING/RAPPELLING DN/A Number of indoor climbing walls: Stationary/permanent: _____ Moveable:____ Number of outdoor climbing walls: Stationary/permanent: Moveable: List equipment used:

TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING D N/A

List counselors/instructors qualifications:

Cave type: 🗅 Vertical 🛛 🗅 Horizontal If vertical, how deep?		
Has the cave been approved for safety?	🗅 Yes	🗅 No
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Would you like a quote for sexual abuse and molestation coverage (if eligible)?	🗅 Yes	🗅 No
Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a		
camper or member reports someone molested him/her?	🗅 Yes	🗅 No
Do you have a plan of supervision that monitors staff in day to day living relationships with campers?	🗅 Yes	🗅 No

has ever been convicted for any crime including sex related or child abuse related offenses? □ Yes □ No If yes, please attach copy If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? □ Yes Does your state permit you to do criminal background investigations on staff members? □ Yes □ No a) If yes, do you request and receive such background investigations on all staff members? **Q** Yes b) If yes, who provides service? Have you ever had an incident which resulted in an allegation of sexual abuse at your camp? 🗆 No 🗅 Yes □ Yes □ No

a) Was a claim made against your camp?
 If yes, please provide details of the claim/incident:

Does your staff (paid and volunteer) employment application include questions about whether the individual

b) How much money was paid as damages to the victim?_

c) What has been done to prevent such occurrences from happening in the future?____

If you have volunteers, are the answers to the questions above the same?

□ Not applicable, we have no volunteers.

□ No, please explain:

IIIIIII PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION IIIIII

- □ A. Camp brochure/literature defining activities (if no camp website).
- **B.** Schedule of events/activities or calendar of camp season (if no camp website).
- **C.** Company copies of loss history for last five (5) years.
- D. Diagram, map or photos of camp including any natural or man-made hazards.
- E. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.
- **F.** Brief resume of camp management personnel (required when camp

ownership, operation or management has changed within the past 12 months).

Yes

- G. Copy of staff application and, when applicable, background check consent form (if not on camp website).
- H. Copy of camper registration form (if not on camp website).
- I. Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).
- □ J. Copy of medical permission slip for campers (if not on camp website)
- K. Copy of contract or lease agreement used for lessors of premises, if applicable.

- □ L. Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided.
- **M.** Copy of most recent ropes course/zipline inspection.
- □ N. Auto schedule must include seating capacity for each scheduled van or bus.
- O. Appropriate Questionnaire or Supplemental Application when the insured has any of the following: go kart; fireworks; paintball; trampoline; scuba/ skin diving.

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)

1072 10/12