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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: _____ Off 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 (ie. 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
 Date camp opens: _____ closes: _____
 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: _____

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) *

*Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.

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)?

- | YES | ACTIVITY | YES | ACTIVITY | YES | ACTIVITY |
|--------------------------|---|--------------------------|--|--------------------------|--|
| <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"/> | Inflatable 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 with 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 (ie: 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? (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

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 lifejackets 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 (*e.g. helmets, heeled boots, long pants, etc.*) required? Yes No
- Are horses available for riding during leased periods? Yes No
- If yes, please explain: _____
- Are instructors CHA certified? Yes No
- Are all saddle animals vaccinated? Yes No

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 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

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
- 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? 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 <i>(e.g. Jet Skis, Waverunners, etc.)</i>	_____ Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft: _____

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

WHITewater N/A

What type: Raft Kayak Canoe Tube

Instructors qualifications or outfitter used: _____

If outfitter, do you obtain certificate of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you named as Additional Insured on guide's insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, do you require a copy of the certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____

