

Camp Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____	

City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____
(effective date) (expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____

2.3 What is the insured?

Corporation Partnership Joint Venture

Individual Other (specify) _____

2.3 Physical Address of Organization (if different than mailing):

Address: _____

2.4 Webpage: _____

2.5

Provide number of years the business has been in operation: _____

2.6 Additional Insureds

As they are to appear on the policy (MUST be approved by K&K)

Name	Relationship	Address

2.7 Location of Camp activities:

2.8 Type of Camp

a) Day Camp or Overnight Camp
 If an overnight camp, how long is average stay? _____

b) Private Institutional Organizational

Please provide the number of campers within the age ranges: Under 12 _____
 12 to 18 _____
 Over 18 _____

c) Is participant accident liability required? Yes No

2.9

Date Camp opens: _____ Closes: _____

Average number of campers per day: _____ X Number of days per week: _____

X Number of weeks per year = Total number of camper days:

2.10

List All Sessions and Dates	Type of Sport	Number of Participants	Number of Days
Use additional sheet if necessary. Please note: We must be notified of any date changes prior to the first day of the camp. (If additional dates need to be added after submission, a new form must be completed.)			

2.11

a) Location of Camp: _____

b) Location of any off premises office: _____

Total square footage of off-premises office: _____

c) Any other insured locations: Yes No

If yes, please provide details:

2.12 List any organizations which have accredited the camp:

2.13

Are the camp directors accredited? Yes No

If yes, please list which organizations have accredited:

2.14 Please provide details of the camp director's training and experience

2.15 Who is responsible for maintenance, condition or operation of the following:

	Outside Leasing Groups	Camp	Other (Please specify)
a) Grounds & Permanent Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Counsellors & Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you obtain a Certificate of Insurance from the above, naming the organization as an Additional Insured on their insurance policy? Yes No

2.16

Date of last Board of Health Inspection: _____

2.17

Do employees, management, or caretakers, etc. live on premises year-round?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				
<hr/>				
If no, please explain security / upkeep procedures:				
<hr/>				

2.18

a)	Distance to nearest hospital or emergency medical facility:				km
		<hr/>			
b)	Are doctors, nurses and/or certified medical personnel on the premises during camp?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain medical procedures:					
<hr/>					
c)	Do doctors, nurses and / or certified medical personnel / EMTs have their own professional liability insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	Does camp obtain medical permission slips? (If yes, please include copy.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e)	Does camp require details regarding all prescription medicines being used by campers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.19

Does camp require an Acknowledgement of Risk/Consent Form to be signed by each camper and their parent(s)/guardian(s)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please attach copy.				

2.20

a)	Is camp responsible for campers' transportation to and from camp?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b)	Are any camp sessions designated for the handicapped?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please describe any special features provided to accommodate handicapped people:

2.21

a) Describe cooking facilities including fire extinguishing system:

b) Do all sleeping rooms have smoke detectors? Yes No

c) Number of currently inspected fire extinguishers on site: _____

d) Number of fire hydrants on or near premises: _____

2.22

Do any on-site steam boilers (or other machinery) require certification to satisfy governmental requirements? Yes No

If yes, please provide the location, address, contact person and certificate expiration date:

2.23

a) Is camp leased to outside entities? Yes No

b) If yes, are Certificates of Insurance naming Camp as an Additional Insured required? Yes No

c) Are contracts/agreements signed with these entities? Yes No

If yes, please submit sample.

d) Gross receipts from leased periods: \$ _____

e)	During leased periods, does camp director/management or any other employees remain on the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:					
<hr/>					
f)	Do activities take place during leased period that do not take place during usual camp operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:					
<hr/>					

2.24 Personnel

a)	Ratio of counsellors to campers during activities:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b)	Ratio of counsellors to campers during non-activity hours:	<hr/>			
c)	Are campers always attended by counsellors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	Minimum age of counsellors:	<hr/>			
e)	Percentage of counsellors who are returning from the previous year:	<hr/> %			
f)	Are training classes mandatory for counsellors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g)	Any medical training requirements such as first aid or CPR?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h)	Describe formal training, certification or previous experience required of counsellors:	<hr/>			
<hr/>					
<hr/>					

2.25 Activities

a)	Are any of the following activities provided by the camp? (Additional underwriting information may be required.)						
<input type="checkbox"/>	Tubing	<input type="checkbox"/>	Motorcycles	<input type="checkbox"/>	Hang-Gliding	<input type="checkbox"/>	Skin or Scuba Diving
<input type="checkbox"/>	Flying	<input type="checkbox"/>	Whitewater Canoeing	<input type="checkbox"/>	Go-Karts	<input type="checkbox"/>	Kayaking
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Archery	<input type="checkbox"/>	ATVs, ATCs or Motorbikes	<input type="checkbox"/>	Trampolines
<input type="checkbox"/>	Motorized Off-Road Bikes	<input type="checkbox"/>	Cross Country Skiing	<input type="checkbox"/>	Rafting	<input type="checkbox"/>	Rock Climbing
<input type="checkbox"/>	Caving	<input type="checkbox"/>	Rappelling	<input type="checkbox"/>	Rope Courses	<input type="checkbox"/>	Alpine Skiing
<input type="checkbox"/>	Adventure Program	<input type="checkbox"/>	Rife Ranges	<input type="checkbox"/>	Back Packing	<input type="checkbox"/>	Bicycling
<input type="checkbox"/>	Blobs or Aqua Jumps	<input type="checkbox"/>	Water Skiing	<input type="checkbox"/>	Water Slides over 12' in height		
<input type="checkbox"/>	Other (please specify): _____						
b)	Does camp have a safety plan for all activities checked?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please attach a copy.							
c)	Does camp contract with others for program services for any of these activities?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	If yes, please explain: _____ _____						
d)	Are Certificates of Insurance provided?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please attach sample.							
e)	Are any contracts signed with these groups?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please attach copies.							
f)	Do any activities take place off the camp premises?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	If yes, please explain including explanation of transportation: _____ _____						
g)	If shooting/rifle practice is provided, are all regulatory standards met?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

h)	Are saddled animals used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:					

2.26 If the camp utilizes a pool:

a)	Is it open to members of the public?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b)	Maximum depth of swimming area:				
c)	Is the swimming area fenced?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is the height of fencing:					
d)	Are depth markings clearly visible in and around the pool?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e)	Number of diving boards: _____	Heights:	_____		
f)	Describe any waterslides / blobs / etc.:				

g)	Is a lifeguard provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h)	Are rules posted at the pool area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
i)	Any nighttime swimming allowed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.26 If the camp utilizes a lake or pond :

a)	Is it open to members of the public?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b)	Maximum depth of swimming area:				
c)	Is the swimming area roped off?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	Is signage posted clearly stating the depth of water and the rules for the lake/pond?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e)	Number of diving boards: _____	Heights:	_____		
f)	Describe any waterslides / blobs / etc.:				

g)	Is a lifeguard provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h)	Rescue vehicle available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
i)	Any nighttime swimming allowed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.27

Are there other bodies of water on premises (not just those normally utilized)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.28 If your camp provides any of the following activities, please complete:

a) TUBING / RAFTING / CANOEING / KAYAKING / SAILING / BOATING (List number of boats below.)						
Canoeing	_____	Kayaks	_____	Motorboats under 76 HP		
Rowboats	_____	Paddleboats	_____	Motorboats under 76 HP		
Sailboats	_____	Jet Skis	_____	_____		
b)	Are any boats over 21 feet in length?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain uses for powered boats:						

c)	Are lifejackets, etc. required to be worn by each participant during all water activities?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	Are campers always accompanied by qualified counsellors?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e)	Are campers ever permitted to operate motorized boats?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f)	Are lifeguards always in attendance during these activities?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g)	Is area restricted to campers only during these activities?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Completely describe any "whitewater" exposures, including the experience of counsellors:						

2.29 Rope Courses

a)	Is the course inspected by a certified independent consultant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, by whom?					

b)	Please list counsellor/instructor qualifications:				

c)	Completely describe the area and type of high/low elements:
<hr/> <hr/>	
d)	Ratio of counsellors to campers:

2.30 Caving

a)	Distance from camp location:	<hr/>
b)	Cave type/size:	<hr/>
c)	Activities while at the cave:	<hr/>
d)	Has the cave been approved for safety?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Counsellor qualifications:	<hr/> <hr/>
f)	Ratio of counsellors to campers:	

2.31 Overnight Activities (Camp-outs or off-camp premises)

a)	Type of overnight exposures (such as backpacking, bicycling, canoe trips):	<hr/>
b)	Please describe location(s):	<hr/> <hr/>
c)	Length of trips:	<hr/>
d)	Counsellor qualifications:	<hr/> <hr/>
e)	Completely describe safety procedures, with medical emergency/rescue plans:	<hr/> <hr/> <hr/>

2.32 Rock Climbing / Rappelling

a)	Completely describe activities including a diagram of location (on separate sheet) showing height, indoor/outdoor, artificial/natural setting, etc.:	
<hr/> <hr/>		
b)	Please list counsellor/ instructor qualifications:	
<hr/>		
c)	If certified, do you require a copy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Please list equipment used:	
<hr/> <hr/>		
e)	Ratio of counsellors to campers:	

2.33 Abuse

Please complete the separate abuse application if abuse coverage is requested.

Section 3: Liability

3.1 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the annual cost of work?	
Let	\$ _____
Sublet	\$ _____
If yes, please give details of the sublet:	
<hr/> <hr/> <hr/>	

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

3.2 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No
 If yes, please give details:

b) Does the Insured rent or lease vehicles from others? Yes No
 If yes, (i) How often per year? : _____
 (ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No
 If yes, please describe:

d) Are vehicles used to transport anyone? Yes No
 If yes, how often and for what purpose?

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details:

4.2

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details:

4.3

Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details:

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other:	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: