

1712 Magnavox Way P.O. Box 2338 Fort Wayne, IN 46801-2338 1-877-355-0315 Fax 1-260-459-5990 www.kandkinsurance.com CA# 0334819

CAMP INSURANCE APPLICATION

Name of Insured (as will appear on policy):	•
Doing business as:	
Mailing Address:	
City: State: Zip:	
Contact Person:FEIN#:	
Person is: Owner Promoter Other: E-mail:	
Camp Season Phone: Off Season Phone: E-mail:	
Camp Web site:	
2. Name of Agency/Brokerage:	
Contact Person: E-mail:	
Mailing Address:	
City: State: Zip:	
Phone:	
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: To:	
6. Has your coverage ever been cancelled or non-renewed? 🗖 Yes 💢 No 💮 If so, why:	
8. Location of camp:	
9. List all other operations of the named insured, that are not camp related (ie. missionary work, school, nursery or day care program, church operation of the camp accredited by: O. Is the camp accredited by: ACA: Yes No Other: Yes Yes Yes	
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:	
Date camp opens:closes:	
Date camp opens: closes: Camper days: A. Average number of campers per day: B. Number of days per week:	
Date camp opens: closes: closes: Camper days: A. Average number of campers per day: B. Number of days per week: x	
Date camp opens: Camper days: A. Average number of campers per day: B. Number of days per week: C. Number of weeks per year: 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.	
Date camp opens: closes: 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. Would you like a quote for Sexual Abuse and Molestation Coverage (if eligible)? □ Yes	□ No
Date camp opens: Camper days: A. Average number of campers per day: B. Number of days per week: C. Number of weeks per year: 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.	□ No

Date of last board of health inspection: Do employees, management, or caretakers, etc. live on premises annually? If yes, whom: If not, explain security/maintenance for premises in the "off-season": Are all buildings at the insured premises owned by the named insured? If no, please specify: Do you have volunteers? If yes, for what position(s)? Are doctors, nurses and/or certified medical personnel on the premises during camp? If not, explain medical procedures: Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum \$500,000 limit?	Do you obtain a certificate of insurance from subcontractors, naming		
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Are contracts/agreements signed with these entities (If yes, attach sample)? Gross receipts from leased periods: \$ During leased periods, does camp director/management or any other employees remain on the premises? If yes, please explain: Do activities take place during leased period that do not take place during usual camp operations? If yes, please explain: Do you sell or furnish liquor during leased periods? If yes, please complete the Liquor Liability Application. 13. ***Independent of counselors to campers during activities: Ratio of counselors to campers during non-activity hours: Are campers always attended by counselors? Minimum age of counselors: Do you have a Counselor in Training (CIT) or similar program? 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 New	· ·	— 163	— 110
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During leased periods, does camp director/management or any other employees remain on the premises? If yes, please explain: Do activities take place during leased period that do not take place during usual camp operations? If yes, please explain: Do you sell or furnish liquor during leased periods? If yes, please complete the Liquor Liability Application. 13. ***PERSONNEL*** Ratio of counselors to campers during activities: Ratio of counselors to campers during non-activity hours: Are campers always attended by counselors? Minimum age of counselors: Do you have a Counselor in Training (CIT) or similar program? Percentage of counselors who are returning from the previous year? Are training classes mandatory for counselors? Yes Note N	One a secretar from Leased world do A	163	– 110
If yes, please explain: Do activities take place during leased period that do not take place during usual camp operations? If yes, please explain: Do you sell or furnish liquor during leased periods? If yes, please complete the Liquor Liability Application. 13. ************************************	During legard periods, does comp director/management or any other ampleyees remain on the premises?	Voo	DI No
Do activities take place during leased period that do not take place during usual camp operations? If yes, please explain: Do you sell or furnish liquor during leased periods? If yes, please complete the Liquor Liability Application. 13. ************************************		u res	U NO
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Do you sell or furnish liquor during leased periods? If yes, please complete the Liquor Liability Application. 13. ************************************		☐ Yes	☐ NO
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If yes, please complete the Liquor Liability Application. 13. ************************************	De veu cell ou firmich limieu durien lecced neviede?		D Na
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Do you have a Counselor in Training (CIT) or similar program? 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
If yes, what is the minimum age for the program?	MINIMUM age of counselors:		
Percentage of counselors who are returning from the previous year?			☐ No
Are training classes mandatory for counselors?			
Describe formal training, certification or previous experience required of counselors:			☐ No
	Describe formal training, certification or previous experience required of counselors:		

		INTERIOR TRANSPORTATION IN ortation to and from camp? o/from camp including pick up points, field trip	no procial quanta):	☐ Yes	■■ □ No
Do you allow any ca	amp employees or volur	nteers to transport campers in their personal vo unteer Transportation Questionnaire.			□ No
	☐ Vans ☐ Bu	ses 🖵 Other			
	t to hire vehicles:		(5.4		
		ust insure the vehicle \$			
		sures the vehicle \$ ate of insurance evidencing automobile liab	(Excess) *	ditional insured	
		vans or buses used in the camp oper	•	•	. "
Vehicle Type 9-20 seats 21-60 seats Over 60 seats	# of Units	% of Trips Radius 0-50 Miles	% of Trips 51-200 Miles	% of Trips over 20	0 miles
Minimum age of dr Minimum age of dr	rivers not transporting	ampers? campers?			
Please describe dr Is a formal safety p				☐ Yes	N
If yes, please desci Is management inv	ribe including how ofte volved in daily operation			☐ Yes	
	e for vehicle maintena				
	have a written mainte			☐ Yes	
	follow daily DOT inspendence	ection procedures? tained on a daily basis?		☐ Yes ☐ Yes	
Where are vehicles		tailled oil a daily basis?		u res	_
Type of storage, inc	cluding notes on insid	e or outside and security measures for stora	age area:		
-					
Are vehicles loaned	d or given to employed	es for personal use?		☐ Yes	□ N
	rate 15 passenger van			Yes	☐ N
If yes, please desci	ribe safety procedures	, specifically with regard to top loading and	/or trailer pulling:		
		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Are any	of the following activi	ties provided by the camp (Additional under	writing information may be required)?		
<u>ACTIVITY</u>		YES ACTIVITY	<u>YES</u> <u>ACTIVITY</u>		
Adventure program		Go-karts (Go-Kart Operations Minimum Ui			
Ipine skiing		Guidelines required)	Skin or scuba diving		
Archery ranges, #		Hayrides (Supplemental required)	☐ Snow tubing/Sleddir)
ATVs/dirt bikes (Supplei Bicycling	mental required)	☐ Inflatable elements, #	☐ Trampolines, # uired) (Supplemental required		
Back packing		Jumping pad/pillow (Supplemental requMountain boarding	(Supplemental regulied) Bungee trampolines		
Caving		Paintball (Supplemental required)	☐ Tubing	, π	
Circus activities		Petting zoo	☐ Water skiing		
cross country skiing		Rappelling	☐ Waterslides over 15'	in height, #	
arming		☐ Rifle ranges, #	Whitewater canoeing	g/kayaking/rafting	
ireworks (Supplementa	l required)	Rock climbing/climbing wall	Zip lines, #		
Field sports		Rope courses	Other		_
		☐ Saddle animals vities checked? (If yes, attach copy)	Other	Yes	_ □ N
If yes, please expla	in:	ram services for any of these activities?		☐ Yes	
		yes, attach sample)?		☐ Yes	
		ups (If yes, attach copies)?		☐ Yes	
	ike place off the camp			☐ Yes	
ır yes, piease expla	in, including explanat	on of transportion:			

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16. INFLATABLE ELEMENTS \(\sigma\) 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:	_ 100	
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 \(\sigma\) 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: A N/A			IF CAMP UTILIZES A LAKE, POND OR RIVER: 🗆 N	I/A	
Total number of pools:			Total number of lakes, ponds or rivers:		
Is it open to members of the public?	Yes	☐ No	Is it open to members of the public?		Yes 🖵 No
Maximum depth of swimming area:			Maximum depth of swimming area:		
Is it fenced? Yes No Height:			Is swim area roped off?		Yes 🖵 No
Are depth markings clearly visible in and			Is signage posted clearly stating the depth of		
around the pool?	Yes	☐ No	water and the rules for the lake/pond?		Yes 🖵 No
Number of diving boards: Height:			Number of diving boards: Height:		
Depth of water at diving board entry:			Depth of water at diving board entry:		_
Is a lifeguard provided?	Yes	☐ No	Is a lifeguard provided?		Yes 🖵 No
If yes, ratio of swimmers to lifeguards:			If yes, ratio of swimmers to lifeguards:		_
Are lifeguards certified?	Yes	☐ No	Are lifeguards certified?		Yes 🖵 No
If yes, by whom:			If yes, by whom:		
Are rules posted at the pool area?	Yes	☐ No	Rescue vehicle available?		Yes 🖵 No
Any nighttime swimming allowed?	Yes	☐ No	Any nighttime swimming allowed?	١	Yes 🖵 No
If yes, is pool lighted?	Yes	☐ No	If yes, describe lighting:		
utilized to prevent unauthorized use? Does your pool(s) meet the requirements of the Title >			and are there depth markings, signage, barriers, and/or of the work of the working of the same of the work of the working of the work of t	☐ Yes ety Act" as en	☐ No acted on
12-18-08?				Yes	☐ No
Canoes, rowboats, kayaks, paddleboats,SailboatsPersonal Watercraft(e.g. Jet Skis, Waverunners, etc.) Explain uses for powered boats and personal wat			Motorboats under 76 HPMotorboats over 76 HPAre any boats over 21' in length?		
Are lifejackets, etc. required to be worn by each p		ring all wat	er activities?	☐ Yes	☐ No
Are campers always accompanied by qualified co				☐ Yes	□ No
Are campers ever permitted to operate motorized Are lifeguards always in attendance during these				☐ Yes ☐ Yes	☐ No ☐ No
Is area restricted to campers only during these				☐ Yes	☐ No
23. WHITEWATER □ N/A What type: □ Raft □ Kayak □ Canoe Instructors qualifications or outfitter used:	☐ Tube				
If outfitter, do you obtain certificate of insurance?				☐ Yes	□ No
Are you named as Additional Insured on guide's in Completely describe any "whitewater" exposures:				☐ Yes	□ No
24. GYMNASTICS N/A					
Floor exercises only?				Yes	☐ No
List all apparatus used:					
Is counselor/instructor a certified USGA gymnasti	cs instructor	?		☐ Yes	□ No
If so, do you require a copy of the certificate?				Yes	☐ No
If not, explain the instructor's qualifications					

Completely describe the area and type of high/low elements:		
Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? By whom (name of ACCT/PVM; AEE; PRCA, vendor used)?	☐ Yes	□ No
Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training):		
26. Skateboarding/skatepark		
Is safety equipment (helmet, knee pads, elbow pads, etc.) required? If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.) please describe and indicate size of each?	☐ Yes	□ No
If halfpipe, indicate height: How is skatepark protected from unauthorized usage?		
27. CLIMBING WALLS/ROCK CLIMBING/RAPPELLING \(\square\) N/A NUMBER of indoor climbing walls: Stationary/permanent: Moveable:		
List equipment used:		
List counselors/instructors qualifications:		
28. CAVING N/A Cave type: Vertical Horizontal If vertical, how deep? Has the cave been approved for safety?	☐ Yes	□ No
29. ARCHERY N/A Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets? Are there clearly delineated rear and side safety buffers? Are there clearly defined shooting lines/lanes? Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No
Are bows and arrows locked up when not in use?	☐ Yes	□ No
Explain any 'no' answers:		
30. RIFLE/PELLET/AIR GUN N/A		
Does camp require redundant storage of all firearms & ammunition, including requiring locations or access systems? Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? Are there clearly delineated rear and side safety buffers? Are there clearly defined firing lines/lanes?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No
Do riflery activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets?	☐ Yes	☐ No
Explain any 'no' answers:		

	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TO A	ATTACH THE FOLLOWING WI	TH	TH	IE APPLICATION IIIIIIIIIIIII
□ B. □ C. □ D. □ E.	Camp brochure/literature defining activities (if no camp website). Schedule of events/activities or calendar of camp season (if no camp website). Company copies of loss history for last five (5) years. Diagram, map or photos of camp including any natural or man-made hazards. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual. Brief resume of camp management personnel (required when camp ownership, operation or management has changed within the past 12 months). Copy of staff application and, when applicable, background check consent form (if not on camp website).	. I	Copy of camper registration form (if not on camp website). Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).		0.	Appropriate Questionnaire/Supplemental Application when the insured has any of the following: ATV/Snowmobile/Dirt Bikes; Employee Transportation in Personal Vehicles; Fireworks; Go Karts; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines Workers Compensation Supplemental (if coverage to be quoted)
applic compl	rstand that the insurance company in determ ation and all other information being submitte ete, true and correct. ant's Signature			the b	est	of my knowledge, all information provided is
Applicant's Name (print)			Producer's Name (pr	Producer's Name (print)		
Date (MM/DD/YYYY)		Date (MM/DD/YYYY)			