K&K INSURANCE

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CA# 0334819

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: _____

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: _____

6. Has your coverage ever been cancelled or non-renewed? ❑ Yes ❑ No If so, why: _____

_____

7. COVERAGE INFORMATION

ADDITIONAL INSUREDS 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.

Would you like a quote for Sexual Abuse and Molestation Coverage (if eligible)? ❑ Yes ❑ No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses? ❑ Yes ❑ No

If yes, explain: _____

_____

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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:_____

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 ❑ No

If yes, for what position(s)?_____

Are doctors, nurses and/or certified medical personnel on the premises during camp? ❑ Yes ❑ No

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? ❑ Yes ❑ No

Does camp obtain medical permission slips? *(If yes, attach copy)* ❑ Yes ❑ No

Does camp require details regarding all prescription medicines being used by campers? ❑ Yes ❑ No

The nearest hospital or emergency medical facility is_____miles away.

Does camp carry primary accident medical and/or sickness insurance? ❑ Yes ❑ No

If yes, name of insurer?_____ Limit per camper?_____

Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s) *(If yes, attach copy)*? ❑ 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 and which builings:_____

If no, explain:_____

Distance to nearest fire station:_____(road miles) ❑ Paid Fire Department ❑ Volunteer Fire Department

Distance to nearest fire hydrant from the insured premises_____

Do all sleeping rooms have smoke detectors? Battery operated_____ Hardwired_____ ❑ Yes ❑ No

Do all sleeping rooms have carbon monoxide detectors? ❑ Yes ❑ No

Are any buildings sprinklered? ❑ Yes ❑ No

If so, which ones:_____

12. CONFERENCE/RENTALS/LEASING ❑ N/A

Is camp leased to outside entities *(e.g. conferences, retreats, reunions, weddings, etc.)?* ❑ Yes ❑ No

If yes, are certificates of insurance naming camp as an additional insured required? ❑ Yes ❑ No

Are limits of $1,000,000 required? ❑ Yes ❑ No

If no, explain:_____

Are contracts/agreements signed with these entities *(If yes, attach sample)*? ❑ Yes ❑ No

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 ❑ No

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? ❑ 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:_____

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14. TRANSPORTATION

Is camp responsible for campers transportation to and from camp? ❑ Yes ❑ No

General Description of driving operations (to/from camp including pick up points, field trips, special events):_____

Do you allow any camp employees or volunteers to transport campers in their personal vehicles on an ongoing, non-emergency basis? ❑ 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.*

For all owned, hired or non-owned vans or buses used in the camp operation, please complete the following:

Vehicle Type	# of Units	% of Trips Radius 0-50 Miles	% of Trips 51-200 Miles	% of Trips over 200 miles
9-20 seats				
21-60 seats				
Over 60 seats				

Minimum age of drivers who transport campers?_____

Minimum age of drivers not transporting campers?_____

Please describe driver training:_____

Is a formal safety program in place? ❑ Yes ❑ No

If yes, please describe including how often regular meetings are conducted:_____

Is management involved in daily operations? ❑ Yes ❑ No

Who is responsible for vehicle maintenance?_____

Does the applicant have a written maintenance program? ❑ Yes ❑ No

Does the applicant follow daily DOT inspection procedures? ❑ Yes ❑ No

Are service records of each vehicle maintained on a daily basis? ❑ Yes ❑ No

Where are vehicles stored?_____

Type of storage, including notes on inside or outside and security measures for storage area:_____

Are vehicles loaned or given to employees for personal use? ❑ Yes ❑ No

Do you own or operate 15 passenger vans buses? ❑ 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

- ❑ Adventure program
- ❑ Alpine skiing
- ❑ Archery ranges, #_____
- ❑ ATVs/dirt bikes *(Supplemental required)*
- ❑ Bicycling
- ❑ Back packing
- ❑ Caving
- ❑ Circus activities
- ❑ Cross country skiing
- ❑ Farming
- ❑ Fireworks *(Supplemental required)*
- ❑ Field sports
- ❑ Gymnastics

YES ACTIVITY

- ❑ Go-karts *(Go-Kart Operations Minimum Underwriting Guidelines required)*
- ❑ Hayrides *(Supplemental required)*
- ❑ Inflatable elements, #_____
- ❑ Jumping pad/pillow *(Supplemental required)*
- ❑ Mountain boarding
- ❑ Paintball *(Supplemental required)*
- ❑ Petting zoo
- ❑ Rappelling
- ❑ Rifle ranges, #_____
- ❑ Rock climbing/climbing wall
- ❑ Rope courses
- ❑ Saddle animals

YES ACTIVITY

- ❑ Skateboarding ramps/jumps
- ❑ Skin or scuba diving *(Supplemental required)*
- ❑ Snow tubing/Sledding *(Supplemental required)*
- ❑ Trampolines, #_____ *(Supplemental required)*
- ❑ Bungee trampolines, #_____
- ❑ Tubing
- ❑ Water skiing
- ❑ Waterslides over 15' in height, #_____
- ❑ Whitewater canoeing/kayaking/rafting
- ❑ Zip lines, #_____
- ❑ Other_____
- ❑ Other_____

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 transportion:_____

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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:_____

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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 <u>NUMBER</u> of boats in each category** below:

_____Canoes, rowboats, kayaks, paddleboats, SUPs
_____Sailboats
_____Personal Watercraft
(e.g. Jet Skis, Waverunners, etc.)
_____Motorboats under 76 HP
_____Motorboats over 76 HP
_____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? ❑ Yes ❑ No
Are campers always accompanied by qualified counselors? ❑ Yes ❑ No
Are campers ever permitted to operate motorized boats? ❑ Yes ❑ No
Are lifeguards always in attendance during these activities? ❑ Yes ❑ No
Is area restricted to campers only during these activities? ❑ Yes ❑ No

23. **WHITEWATER** ❑ N/A

What type: ❑ Raft ❑ Kayak ❑ Canoe ❑ Tube
Instructors qualifications or outfitter used:_____
If outfitter, do you obtain certificate of insurance? ❑ Yes ❑ No
Are you named as Additional Insured on guide's insurance? ❑ Yes ❑ No
Completely describe any "whitewater" exposures:_____

24. **GYMNASTICS** ❑ N/A

Floor exercises only? ❑ Yes ❑ No
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_____

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25. **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)*:_____

_____

26. **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?_____

_____

27. **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:_____

_____

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? ❑ Yes ❑ No

Are there clearly delineated rear and side safety buffers? ❑ Yes ❑ No

Are there clearly defined shooting lines/lanes? ❑ Yes ❑ No

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 ❑ 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? ❑ Yes ❑ No

Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? ❑ Yes ❑ No

Are there clearly delineated rear and side safety buffers? ❑ Yes ❑ No

Are there clearly defined firing lines/lanes? ❑ Yes ❑ 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:_____

_____

_____

_____

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PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION

- ❑ **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).*
- ❑ **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/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*
- ❑ **P.** *Workers Compensation Supplemental (if coverage to be quoted)*

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)

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MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)