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 www.kandkinsurance.com  
 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 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.

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: \_\_\_\_\_

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 buildings: \_\_\_\_\_  
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: \_\_\_\_\_

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 transportation: \_\_\_\_\_

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  
\_\_\_\_\_ 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. **GYMNASICS**  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 \_\_\_\_\_

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: \_\_\_\_\_

**■■■■■■■■■■■■■■■■■■■■ 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)