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 www.kandkinsurance.com
 CA# 0334819

LEISURE CAMP RENEWAL APPLICATION

Name of Insured: _____

1. Please indicate if there have been **any changes** to the following:

- | | | |
|---|------------------------------|-----------------------------|
| Emergency/safety plans (including fire protection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Operations/site layout | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security/medical procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lease agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp accreditation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp personnel (training/ratios/hiring practices, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above questions were answered "yes" as respects changed from last year, please explain: _____

2. Dates of camp: _____

3. Camper days calculation ($A \times B \times C = \text{camper days}$)

A. Average number of campers per day	X	B. Number of days per week	X	C. Number of weeks per year	=	Total number of camper days
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4. Annual rental receipts (*non-camp activities, ie: group/facility rental, retreats, conferences, meetings, church groups, etc.*)

\$ _____

5. Indicate the **number** you have for each of the items listed:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Class II Boats (<i>Sailboats, Motorboats < 76hp</i>) _____ • Class III Boats (<i>Motor > 76hp; Speedboats; Personal Watercraft</i>) _____ • Saddle Animals _____ • Lakes _____ • Pools _____ • Waterslides (<i>over 15' height</i>) _____ • Zip Lines _____ | <ul style="list-style-type: none"> • Inflatable Elements (<i>ie: moonbounce, water trampoline, iceberg, blob, etc.</i>) _____ • Trampolines (<i>land</i>) _____ • Bungee Trampolines (<i>ie: if quad indicate 4</i>) _____ • Dwellings/Units occupied annually by maintenance/owners/directors/employees _____ | <ul style="list-style-type: none"> • Climbing Walls/Towers (<i>stationary</i>) _____ • Climbing Walls/Towers (<i>moveable</i>) _____ • Rifle/Pistol Ranges _____ • Archery Ranges _____ • Paintball Fields _____ • Fireworks (<i>number of displays/shows per year</i>) _____ |
|---|--|---|

6. NOHA – Cost of Hire: Primary (*where camp must insure the vehicles*) \$ _____
 Excess (*where the lessor insures the vehicles*) \$ _____

7. 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

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)