



**MARKEL  
INSURANCE  
COMPANY**

# "THE COUNSELOR" APPLICATION FOR CAMPS & CONFERENCE CENTERS

P.O. Box 3870, Glen Allen, VA 23058-3870  
(800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications)  
*Please complete a separate application for each location*

NAMED INSURED: \_\_\_\_\_

Insured's E-mail address: \_\_\_\_\_

Insured's Website address: \_\_\_\_\_

Person to contact for safety questions/mailings/info: \_\_\_\_\_

Employer's Federal ID Number: \_\_\_\_\_

**Please attach the following:**

- |  |                                 |
|--|---------------------------------|
| ACORD Applications (For all lines of coverage to be written)           | Loss Runs                       |
| Statement of Values (For blanket &/or agreed amount property coverage) | Brochures/Promotional Materials |
| Latest Challenge Course/Climbing Wall Inspection                       |                                 |

This application consists of the following sections . Complete all sections that apply:

- |  |   |
|--|---|
| <b>Section I – General Information</b> | <b>Section VI – Trips and Travel</b>            |
| <b>Section II – Activities</b>         | <b>Section VII– Special Needs Campers</b>       |
| <b>Section III – Property</b>          | <b>Section VIII – Accident Medical Coverage</b> |
| <b>Section IV – Facility Rental</b>    | <b>Section IX – Automobiles</b>                 |
| <b>Section V – Aquatics</b>            |   |

## Section I - General Information

- Type of camp (check all that apply):  Day  Resident  Travel  Sports  Special Needs  Adult  
 Weight Loss  Other Specialty Focus (Describe): \_\_\_\_\_  
 Profit  Non-Profit  Co-ed  Boys  Girls
- Is the camp affiliated with a religious organization?  Yes  No  
 If yes, which one? \_\_\_\_\_
- Please indicate all organizations of which you are a member:  ACA  CCI  Other \_\_\_\_\_
- The camp is accredited by:  ACA  Other \_\_\_\_\_  No accreditation
- Is there a business office at a separate location from the camp?  Yes  No  
 If yes, list square footage: \_\_\_\_\_
- Do you own or operate any other businesses or operations?  Yes  No  
 If yes, are they insured elsewhere?  Yes  No  
 Describe businesses/operations: \_\_\_\_\_
- Do you use subcontractors for any services?  Yes  No  
 If yes, what services are contracted out? \_\_\_\_\_  
 Do you get certificates of insurance from the contractors?  Yes  No  
 Are you named as an additional insured on the contractor's policy(ies)?  Yes  No
- What is the age range of campers? \_\_\_\_\_
- What is the ratio of counselors to campers? \_\_\_\_\_ Counselors for every \_\_\_\_\_ Campers
- Summer Session: Date camp opens: \_\_\_\_\_ Date camp closes: \_\_\_\_\_ Number of sessions: \_\_\_\_\_

**DAY CAMPS**

**RESIDENT CAMPS**

Estimated number of campers/day \_\_\_\_\_

Estimated number of campers/day \_\_\_\_\_

Number of days/week camp is open \_\_\_\_\_

Number of days/week camp is open \_\_\_\_\_

Number of weeks/year camp is open \_\_\_\_\_

Number of weeks/year camp is open \_\_\_\_\_

**(Complete the above information for EACH SESSION. Include family camp if applicable. Use additional paper if needed.)**

11. Off Season: Do you run off-season sessions?  Yes  No

If yes, please complete the following:

Estimated number of campers/participants per day: \_\_\_\_\_ Number of days/week camp is open: \_\_\_\_\_

Number of weeks/year camp is open: \_\_\_\_\_ Number of sessions : \_\_\_\_\_

List off-season camp activities: \_\_\_\_\_

12. Do you have a written crisis management/emergency plan?  Yes  No

Does the plan address contingency plans to keep the camp operating after a loss?  Yes  No

Does the plan apply to both on premises and off premises situations?  Yes  No

If yes, does the plan also address incidents with animals, both wild and domestic [i.e., bears, rabies, bites, etc.]?  Yes  No

13. How long has your director been in his or her position with your camp? \_\_\_\_\_

How many total years of experience does the director have as a camp director? \_\_\_\_\_

Does the director or other employees train outside groups in anything, such as CPR or lifesaving?  Yes  No

If yes, describe: \_\_\_\_\_

Is a hold harmless required from non-camp participants who attend training sessions at the camp?  Yes  No

14. Do you loan or lease your director or employees to any other operations, either owned or non-owned?  Yes  No

If yes, explain who, how often and for what purpose: \_\_\_\_\_

15. Do you use volunteers?  Yes  No

If yes, explain how often and for what purpose \_\_\_\_\_

16. a. Is staff (paid & volunteer) required to complete an employment application?  Yes  No

If no, explain: \_\_\_\_\_

b. Are criminal investigations conducted on all employees (paid & volunteer), including the director, before hiring? (This includes anyone who will be a regular volunteer)  Yes  No

c. How many years of applicant's history does the investigation span? \_\_\_\_\_ years

d. After how many years are background checks done again for every employee, volunteer & the director? Every \_\_\_\_\_ years

e. Which of the following do you search when you conduct background checks on your employees & volunteers?

Check all that apply.  County criminal records  State criminal records  National criminal index

Sex offenders  Nationwide U.S. Wants & Warrants  Teacher license  Education verification  FBI

f. Does your staff (paid and volunteer) employment application ask if the applicant has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No

g. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs, and what to do if a child reports someone molested him/her?  Yes  No

h. Do you require mandatory training for all employees each year about these subjects?  Yes  No

i. Do you verify employment references?  Yes  No

j. Do you conduct a personal interview?  Yes  No

- k. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff?  Yes  No
- l. Is a formal incident reporting procedure in place?  Yes  No
- m. Is a formal procedure in place to verify who is picking up the child when the child leaves camp?  Yes  No
- n. Have you had an incident that resulted in an allegation of sexual abuse?  Yes  No  
If yes, please describe in Comments Section (pg. 10). Include any resulting claims, the outcome and damages paid.
17. Do you have a medical facility/health center and/or dispense medication?  Yes  No  
If yes, are written instructions from parents required before administering medications to minors?  Yes  No  
Is all medication stored in its original containers?  Yes  No  
Is all medication inaccessible to children?  Yes  No  
How many of the following medical professionals are on staff?  
RN\_\_\_\_ LPN\_\_\_\_ EMT\_\_\_\_ MD\_\_\_\_ PA\_\_\_\_ Other\_\_\_\_\_
- Are any of the medical professionals volunteers?  Yes  No  
Is a log kept to record each time a medication is administered?  Yes  No
18. How close is the nearest hospital? \_\_\_\_\_ miles
19. Do you do any type of professional or pastoral counseling?  Yes  No  
If yes, describe counseling services: \_\_\_\_\_  
Number of Professional Counselors\_\_\_\_\_ Pastoral Counselors\_\_\_\_\_ Lay Counselors\_\_\_\_\_
20. Do you accept special needs campers?  Yes  No  
**If yes, please complete Section VII.**
21. Do you take campers on field trips or travel?  Yes  No  
**If yes, complete Section VI.**
22. Do you rent or lease your facility to outside entities?  Yes  No  
**If yes, complete Section IV.**
23. Do you sponsor or participate in special events or fundraisers?  Yes  No  
If yes, list all of the types of events (use additional paper if necessary): \_\_\_\_\_
- 
24. Do you sponsor camper exchange programs, either sending campers out or taking campers in?  Yes  No  
If yes, attach a detailed description of the program and describe safety measures.
25. Do you accept adjudicated youth as campers, counselors or volunteers?  Yes  No
26. Are all camp visitors required to sign in and sign out?  Yes  No
27. Are members of the public allowed on the premises when camp is in session?  Yes  No  
If yes, explain: \_\_\_\_\_
28. Are smoke detectors installed in all sleeping areas other than tents?  Yes  No
29. Do you have any animals at the camp (other than saddle animals)?  Yes  No  
If yes, describe number and types of each: \_\_\_\_\_
- 
- Are all animals' inoculations up to date?  Yes  No
30. What is the type and depth of ground cover under any playground equipment? Type:\_\_\_\_\_ Depth\_\_\_\_\_
31. Do you own or are you responsible for the maintenance of any dams in any bodies of water?  Yes  No  
**If yes, please complete the Dams Supplemental Questionnaire.**

## Section II – Activities

1. Do you require all campers to carry Accident Medical Insurance?  Yes  No
2. Please check all activities offered:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Archery   | <input type="checkbox"/> Hang Gliding**                 | <input type="checkbox"/> Sailing                  |
| <input type="checkbox"/> Ballooning**                                      | <input type="checkbox"/> Hockey, Ice**                  | <input type="checkbox"/> Sail Boarding            |
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Horseback Riding               | <input type="checkbox"/> Scuba Diving*            |
| <input type="checkbox"/> Bicycle Trips                                     | <input type="checkbox"/> Hunting**                      | <input type="checkbox"/> Shooting/Rifle Range     |
| <input type="checkbox"/> Boating   | <input type="checkbox"/> Ice Skating                    | <input type="checkbox"/> Skateboarding*           |
| <input type="checkbox"/> Boxing**  | <input type="checkbox"/> Jet Skiing                     | <input type="checkbox"/> Skiing, Cross Country    |
| <input type="checkbox"/> Bungee Jumping**                                  | <input type="checkbox"/> Kayaking                       | <input type="checkbox"/> Skiing, Downhill/Alpine* |
| <input type="checkbox"/> Canoeing  | <input type="checkbox"/> Martial Arts*                  | <input type="checkbox"/> Skiing, Water            |
| <input type="checkbox"/> Caving*   | <input type="checkbox"/> Motorbikes/Minibikes           | <input type="checkbox"/> Sky Diving**             |
| <input type="checkbox"/> Ceramics/Pottery                                  | <input type="checkbox"/> Motorcycles/ATV's*             | <input type="checkbox"/> Surfing*                 |
| <input type="checkbox"/> Cheerleading*                                     | <input type="checkbox"/> Mountain Biking*               | <input type="checkbox"/> Trampoline**             |
| <input type="checkbox"/> Diving  | <input type="checkbox"/> Mountain Boarding*             | <input type="checkbox"/> Wall Climbing            |
| <input type="checkbox"/> Environmental Education                           | <input type="checkbox"/> Paintball*                     | <input type="checkbox"/> Water Blobs*             |
| <input type="checkbox"/> Fireworks Displays at Camp*                       | <input type="checkbox"/> Parasailing**                  | <input type="checkbox"/> Water Trampoline*        |
| <input type="checkbox"/> Fitness Training                                  | <input type="checkbox"/> Rappelling/Rock Climbing*      | <input type="checkbox"/> Whitewater Rafting*      |
| <input type="checkbox"/> Flying**  | <input type="checkbox"/> Rocketry, Model rockets        | <input type="checkbox"/> Windsurfing*             |
| <input type="checkbox"/> Football (tackle)**                               | <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Woodworking*             |
| <input type="checkbox"/> Football (touch or flag)                          | <input type="checkbox"/> Ropes Courses/Climbing Towers* | <input type="checkbox"/> Wrestling*               |
| <input type="checkbox"/> Go Karts*   | <input type="checkbox"/> Rugby*                         |   |
| <input type="checkbox"/> Gymnastics*                                       |   |   |
| <input type="checkbox"/> Other, including extreme sports (Describe): _____ |   |   |

**\* Please attach a copy of the safety plan for these activities. \*\* These activities are excluded Also see additional questions below.**

3. Additional Activity Information (\*Attach safety plan for these activities). Complete for all activities you provide:
- a. Bicycling - Are helmets required?  Yes  No  
 Any travel on public highways?  Yes  No  
**If yes, attach safety guidelines.**
- b. Boating – Number of sailboats?: Under 21 feet: \_\_\_\_\_ Over 21 feet: \_\_\_\_\_  
 Number of inboard and outboard motorboats?: Under 26 hp: \_\_\_\_\_ Over 26 hp: \_\_\_\_\_  
 Number of jet skis? \_\_\_\_\_ Any water skiing jumps?  Yes  No  
 Is boating in an area separated from swimming?  Yes  No
- c. Caving - Is it a known cave?  Yes  No  
 Is vertical ascent or descent required?  Yes  No  
 Is staff wilderness First Aid Training required?  Yes  No  
 Are outside guides hired for caving?  Yes  No  
 If yes, do you obtain a certificate of insurance from the guides?  Yes  No  
 Are you named as an additional insured on the guides' insurance?  Yes  No
- d. Ice Skating -  Rink **OR**  Lake?
- e. Martial Arts - List the type(s) taught: \_\_\_\_\_

Is contact allowed?  Yes  No  
Are all instructors certified?  Yes  No  
If yes, by whom? \_\_\_\_\_

f. Rappelling/Rock Climbing -  Free climbing **OR**  Lead climbing?  
What is the instructional level (mark all that apply):  Beginner  Intermediate  Advanced  
Is the instructor AMGA Top Rope Site Supervisor certified?  Yes  No  
Is the instructor trained in Wilderness First Aid?  Yes  No

g. \*Ropes Course/Towers - Year built (including zip-line) \_\_\_\_\_ Who built it? \_\_\_\_\_  
Was entire course built to ACCT standards?  Yes  No  
Date of last inspection \_\_\_\_\_ (Send us a copy of the inspection)

h. \*Shooting/Rifles – Is eye & hearing protection required at all times regardless, of type of gun?  Yes  No  
Is the shooting area barricaded and posted?  Yes  No

i. Whitewater Rapids –  Canoeing  Kayaking  Rafting  Tubing Rapids classification(s): \_\_\_\_\_  
List the instructor's certification \_\_\_\_\_

Are outside guides hired for whitewater rafting?  Yes  No  
If yes, do you obtain a certificate of insurance from the guides?  Yes  No  
Are you named as an additional insured on the guides' insurance?  Yes  No

j. Woodworking - Protective eye gear worn?  Yes  No  
All machines properly guarded?  Yes  No  
Area properly ventilated?  Yes  No  
Is there a dust accumulation system (if indoors)?  Yes  No  N/A

4. Do you have saddle animals?  Yes  No

If yes:

Number owned \_\_\_\_\_ Number leased \_\_\_\_\_ Dates of use: From \_\_\_\_\_ To \_\_\_\_\_

Are saddle animals maintained exclusively for use by campers?  Yes  No

If not, explain other uses \_\_\_\_\_

Are they kept on premises all year?  Yes  No

If yes, how are they used in the off-season? \_\_\_\_\_

Does the camp teach:  Vaulting  Jumping  Rodeo activities  Polo  Other (specify) \_\_\_\_\_

Are your instructors certified?  Yes  No

If yes, by whom? \_\_\_\_\_

Do you provide riding instruction for the mentally or physically challenged?  Yes  No

If yes, are the instructors NAHRA certified?  Yes  No

Are all riders required to wear ASTM approved safety helmets?  Yes  No

Are campers transported to an outside riding academy for instruction?  Yes  No

If yes, who provides the instruction?  Camp **OR**  Riding Academy

If the riding academy, do you obtain a certificate of insurance from them?  Yes  No

Are you named as an additional insured on the academy's insurance?  Yes  No

Are trail rides given?  Yes  No

Do you have hay rides?  Yes  No

If yes, does the wagon have sides or is it open?  Sides **OR**  Open

Is a counselor in the wagon during rides?  Yes  No

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### Section III – Property

**\*Please attach a diagram of each location to be insured showing all buildings. Number the buildings to correspond with building numbers on the ACORD Property application. Provide distances between all buildings on the diagram.**

1. Is the camp's water supply public or private? \_\_\_\_\_  
If private, describe water source: \_\_\_\_\_
2. Is there an automatic extinguishing system in the kitchen?  Yes  No  
Does the automatic extinguishing system protect the following? (Check all that apply)  
 Cooking surfaces  Exhaust ductwork  Hoods  Deep fat fryers  Other cooking appliances
3. Do all deep fat fryers have high limit switches?  Yes  No
4. Is the system U.L. listed?  Yes  No
5. Is there an inspection/maintenance agreement?  Yes  No If yes, what is the frequency? \_\_\_\_\_
6. How often is the hood and ductwork professionally cleaned? \_\_\_\_\_
7. What is the frequency and method of cleaning hoods and grease filters? \_\_\_\_\_
8. Are grills equipped with grease traps?  Yes  No
9. Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (cooking areas, propane, etc.)?  Yes  No
10. Explain the measures taken to protect camp property during the winter: \_\_\_\_\_  
\_\_\_\_\_

#### **ADDITIONAL TYPES OF PROPERTY:**

**If miscellaneous property is to be covered (computers, watercraft, sporting equipment, ropes course, docks, piers, wharves, outdoor equipment, signs, fences, pools, and similar property), please list them with each item's insured value on a separate schedule, the ACORD Property or Inland Marine application(s) or the Statement of Values.**

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### Section IV – Facility Rental

1. Do you rent to outside groups?  Yes  No  
If yes, complete the following.
2. Is a written lease required for every rental?  Yes  No
3. Do you obtain certificates of insurance with liability limits of at least \$500,000?  Yes  No  
If yes, are you named as an additional insured on the lessee's liability insurance policy?  Yes  No
4. What are your gross receipts from all rental operations? \$ \_\_\_\_\_
5. What activities are offered to rental groups? \_\_\_\_\_  
Do you provide supervision of any of these activities? \_\_\_\_\_  
If yes, which activities? \_\_\_\_\_  
Number of individuals/day \_\_\_\_\_ Number of rental days/week \_\_\_\_\_ Number of weeks/year \_\_\_\_\_
6. Are all essential safety requirements spelled out in writing in the lease agreement?  Yes  No

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### Section V – Aquatics

1. Is the swimming facility (check all that apply):  Private  Public  Lake  Ocean  Other
2. Is it (check all that apply):  On premises  Off premises  Above Ground  Below Ground  Indoor  Outdoor
3. What is the total staff to swimmer ratio during swim times? \_\_\_\_\_ Staff to \_\_\_\_\_ Swimmers
4. Is the facility staffed with certified lifeguards?  Yes  No  
If yes, how many? \_\_\_\_\_  
If yes, who certifies the lifeguards? \_\_\_\_\_

5. Who supplies the lifeguards? \_\_\_\_\_
6. What is the lifeguard to swimmer ratio during swim times? \_\_\_\_\_ Lifeguards to \_\_\_\_\_ Swimmers
7. Do you document all lifeguard in-service training?  Yes  No
8. Do you have the following safety equipment at the waterfront? Check all that apply.  
 Backboard  Portable oxygen  AED (Automatic External Defibrillator)  First Aid Kit
9. Are all swimmers required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at any outdoor swim facility?  Yes  No
10. Is staff assigned to supervise locker/changing rooms, sunbathing areas, etc.?  Yes  No
11. Are all lifeguards situated in positions where they can see all areas of the facility?  
 If guarding a pool, can they see the bottom surface?  Yes  No
12. Is there a diving board?  Yes  No  
 If yes, what is the height (in feet)? \_\_\_\_\_ What is the depth of the water in the diving area? \_\_\_\_\_ feet  
 Is the diving area clearly marked?  Yes  No  
 Does the diving area extend out at least 16 feet from the end of the diving board?  Yes  No
13. Is there a water slide?  Yes  No  
 If yes, please list in feet: height: \_\_\_\_\_ length: \_\_\_\_\_ depth of water where slide enters: \_\_\_\_\_  
 If used in a pool, are the slides approved by the manufacturer for pool use?  Yes  No  
 How do swimmers enter the water when launching off the slide?  At an angle **OR**  Horizontally  
**Please attach rules for use of the water slide.**
14. Do you have water structures like water trampolines, blobs, inflatable platforms, etc?  Yes  No  
 If yes, list the type(s) of structure(s): \_\_\_\_\_  
 Is there a minimum of 2 lifeguards assigned to each structure at all times?  Yes  No  
**Please attach rules for use of the structures.**
15. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked?  Yes  No
16. Are pool depths marked?  Yes  No
17. If pool is outdoors, is it completely fenced with at least a 4 foot fence?  Yes  No
18. Are gates locked when pool is not in use?  Yes  No
19. Are all chemicals kept in a dry, ventilated, locked storage area?  Yes  No
20. Does the facility meet the Dept. of Environmental Resources standards for water quality, including testing and cleaning frequency?  Yes  No
21. Do you have specific guidelines regarding closing the pool or leaving the facility due to water quality, visibility, weather or contamination?  Yes  No
22. Do all pool drains and grates have covers that cannot be removed without using a tool?  Yes  No
23. Do you test each swimmer's swimming ability prior to allowing them to use the facility?  
 Do non-swimmers wear a visible identification?  Yes  No
24. Are facility rules posted?  Yes  No
25. Do the rules meet all state and local regulations?  Yes  No
26. Do you loan or rent the pool to outside groups or individuals?  Yes  No  
 If yes, do you require them to sign a hold harmless agreement in your favor?  Yes  No  
 If yes, do you require a certificate of insurance & additional insured status on their policy?  Yes  No  
 If yes, do you provide the lifeguards?  Yes  No
27. Do you loan or rent your lifeguards to outside groups or individuals?  Yes  No  
 If yes, do you require the groups to sign a hold harmless agreement in your favor?  Yes  No

- If yes, do you require a certificate of insurance and additional insured status on their policy?  Yes  No
- If no, does the written lease agreement indicate who does?  Yes  No
28. If the facility you use is off premises, are you required to sign a contract?  Yes  No
- If yes, do you hold the facility owners harmless in their favor?  Yes  No

### Section VI – Trips & Travel

1. Are all trips within the United States, U.S. Territories or Canada?  Yes  No  
If no, where are trips taken? \_\_\_\_\_
2. Do any trips last more than one day?  Yes  No  
If yes, describe duration, destination(s) and purpose: \_\_\_\_\_
3. What is the ratio of adult staff to participants by age group? \_\_\_\_\_  
\_\_\_\_\_
4. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip?  Yes  No
5. Do all children/campers wear identification tags or identifiable clothing on all trips?  Yes  No
6. WILDERNESS TRIPS:
- a. Does staff carry two-way radios to maintain contact with office staff or transmitters for location detection?  Yes  No
- b. What special training does staff have for wilderness travel? \_\_\_\_\_

### Section VII – Special Needs Campers

1. What percent of campers have special needs? \_\_\_\_\_%
2. What percent of your supervisory personnel have a degree in, or at least 24 weeks experience in, an area relevant to the special needs being served? \_\_\_\_\_%
3. Are staff/camper ratios adjusted for special needs campers?  Yes  No  
If yes, what is the ratio? \_\_\_\_\_ Staff to \_\_\_\_\_ Special needs campers
4. Is the entire staff informed about the limitations/abilities of the special needs campers regarding activities, sleeping arrangements, diet, medical requirements, etc.?  Yes  No
5. Are independent contractors you use specially trained to supervise/instruct special needs campers?  Yes  No
6. Does your crisis management plan include contingency plans for these campers?  Yes  No
7. List the specific medical procedures you provide: \_\_\_\_\_  
\_\_\_\_\_
8. Do the professionals carry their own malpractice insurance?  Yes  No  
If yes, do you request a certificate of insurance as proof?  Yes  No
9. Do you have a maintenance program for medical apparatus or equipment you provide to campers?  Yes  No
10. Do you provide outside services, such as counseling hotlines, seminars or other activities specific to special needs campers or their families?  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_



## Section VIII – Accident Medical Coverage

1. Type:       Primary       Excess
2. Current Accident Medical carrier: \_\_\_\_\_
3. Prior Accident Medical premiums and losses:  
 Policy year:                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_  
 Premium:                    \$ \_\_\_\_\_                    \$ \_\_\_\_\_                    \$ \_\_\_\_\_  
 Losses:                    \$ \_\_\_\_\_ (number\_\_\_\_)                    \$ \_\_\_\_\_ (number\_\_\_\_)                    \$ \_\_\_\_\_ (number\_\_\_\_)
4. Plan Desired (Mark boxes below): **No deductible applies.**

Plan	Accidental Death and Dismemberment	Accident Medical Expense	Primary Sickness Medical Expense	Catastrophe Cash
<b>Resident Camps</b>				
<input type="checkbox"/> 1 (AA)	\$10,000	\$3,500	\$1,000	\$25,000
<input type="checkbox"/> 3 (AC)	\$5,000	\$3,500	\$0	\$25,000
<b>Day Camps</b>				
<input type="checkbox"/> 4 (AD)	\$10,000	\$3,500	\$0	\$25,000
<input type="checkbox"/> 5 (AE)	\$5,000	\$3,500	\$0	\$25,000

**NOTES:** Catastrophe Cash not available in New York. Sickness Medical Expense not available in Washington and New Jersey.

5. Is staff to be covered?  Yes  No  
 If yes, estimated number/week \_\_\_\_\_
6. Are volunteers to be covered?  Yes  No  
 If yes, estimated number/week \_\_\_\_\_

## Section IX – Automobile Coverage

1. What percent of your drivers are non-United States residents? \_\_\_\_\_%
2. Do you give all drivers a driving test in a vehicle of the type they'll be operating?  Yes  No
3. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced?  Yes  No
4. Do you require each driver to walk around and inspect the vehicle prior to transporting campers?  Yes  No  N/A
5. If you rent or hire vehicles, which of these types do you hire or rent? ? Vans ? Buses ? Trucks ? Other \_\_\_\_\_
6. Do you transport campers to and from camp?  Yes  No  
 If yes, do you use your own vehicle(s) and driver(s)?  Yes  No  
 Do you contract with a transportation company that provides vehicles and drivers?  Yes  No  
 If yes, do you obtain certificates of insurance from them and are you named as an additional insured on their auto insurance policy?  Yes  No
7. Do any employees or volunteers transport campers in their own vehicles?  Yes  No  
 If yes:      How often? \_\_\_\_\_ For what purpose? \_\_\_\_\_  
 Do you require they give you proof they have personal auto insurance?  Yes  No
8. When transporting campers in buses or vans, is there at least one counselor in the vehicle, in addition to the driver, to supervise the campers?  Yes  No
9. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside?  Yes  No

**Additional coverages are available.** If you would like a quote on any of the following, please check the appropriate box(es)

- Child Abduction       Camp Directors' Professional Liability       Key Employee Replacement
- Food Contamination and Communicable Disease (*Can only be purchased with Business Income coverage*)
- Professional Liability for Counseling

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_