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APPLICATION FOR CAMPS AND
CONFERENCE CENTERS

(To be attached to ACORD applications)



PO Box 390 Short Hills, NJ 07078
(800) 446-5311 Fax (973) 921-8474

Date: _____

Agency: _____

Quote Needed By: _____

Named Insured: _____ Phone: _____

Insured's Email Address: _____ Insured's Website Address: _____

Person to Contact for Safety Questions/Mailings/Info: _____ Phone: _____

Employer's Federal ID Number: _____

Please attach the following:

- ACORD Applications (for Property, Crime, General Liability, Workers' Comp., Automobile, and Umbrella)
Statement of Values (Limits indicated must be the 100% value)
5 Years Currently Valued Loss Runs
Most recent audited annual financial statements

Premium for Last 5 Years: Name of Carrier: _____

Table with 5 columns for Package, WC, Auto, UM and 5 rows for premium amounts.

Target Premiums: Package: \$ _____ WC: \$ _____ Auto: \$ _____ UM: \$ _____

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

- Section I - General Information
Section II - Sexual Abuse and Molestation
Section III - Activities
Section IV - Property
Section V - Facility Rental
Section VI - Trips and Travel
Section VII - Special Needs Campers
Section VIII - Automobiles

Section I - General Information

- 1. Type of camp: Profit Non-Profit
2. Please indicate all organizations of which you are a member: ACA CCI CCCA Other N/A
3. Do you own or operate any other businesses or operations? Yes No
If yes, are they insured elsewhere? Yes No
Describe businesses/operations:
4. 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
5. What is the ratio of counselors to campers? Counselors for Every Campers
6. Camper days and/or camper nights.

PLEASE COMPLETE BOTH THE OVERNIGHT USER AND DAY USER SECTIONS FOR ALL CAMPS, RETREAT CENTERS, AND CONFERENCE FACILITIES. FIGURES SHOULD ALSO INCLUDE OUTSIDE GROUPS USING YOUR FACILITY FOR CAMPING, RECEPTIONS, RETREATS, REUNIONS, CONFERENCES, ETC., EVEN IF THEY HAVE THEIR OWN INSURANCE.

Months of Operations: _____

OVERNIGHT USER

DEFINITION OF OVERNIGHT USER:

If a person arrives on Saturday, stays overnight, and departs on Sunday, that is one overnight user.

EXAMPLE: 06/10 - 06/11 = 1 Night x 55 Overnight Users = 55 User Nights

EXAMPLE: 06/10 - 06/17 = 7 Nights x 55 Overnight Users = 385 User Nights

USER PERIOD

From:	To:	# of Nights	# of Overnight Users	Total User Nights
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DAY USER

DEFINITION OF DAY USER:

Total number of persons each day, **no** overnight stay.

EXAMPLE: June 14 = 24 Users

EXAMPLE: June 15 = 32 Users

User Date	# of Day Users	User Date	# of Day Users
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Are smoke detectors installed in all sleeping areas? Yes No
8. Are carbon monoxide detectors installed in all sleeping areas? Yes No
9. Is your camp closed for a period of time? Yes No

If yes, from: _____ to _____

If yes, when the camp is closed, how is the property protected and maintained?

- Year-round on-premises caretaker Gates / Fences
- Year-round off-premises caretaker Other _____

10. Is camp location subject to winter conditions? Yes No

If yes, complete the following:

- a. Are all buildings winterized? Yes No Identify those not winterized: _____
- b. Describe how buildings are protected against collapse due to weight of ice/snow:
- Roof(s) cleared regularly Inside structural support Metal roof(s) Other _____

11. Do you have a written crisis management/emergency plan? Yes No
- a. Does the plan address contingency plans to keep the camp operating after a loss? Yes No
- b. 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
12. 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
13. Do you use volunteers? Yes No
- If yes, approximate number of volunteers: _____ Rev Oct. 2015
14. 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
- a. Is all medication stored in its original containers? Yes No
- b. Is all medication inaccessible to children? Yes No
- c. How many of the following medical professionals are on staff? RN _____ LPN _____ EMT _____ MD _____ PA _____ Other _____
- (Complete Supplemental Questionnaire UN 700)
- d. Are any of the medical professionals volunteers? Yes No
- e. Is a log kept to record each time a medication is administered? Yes No
15. How close is the nearest hospital? _____ miles
16. Do you do any type of professional counseling? Yes No Number of professional counselors: _____
- If yes, describe counseling services: _____
17. Do you accept special needs campers? Yes No **If yes, please complete Section VII.**
18. Do you take campers on field trips or travel? Yes No **If yes, please complete Section VI.**
19. Do you rent or lease your facility to outside entities? Yes No **If yes, please complete Section V.**
20. Are all camp visitors required to sign in and sign out? Yes No
21. What is the type and depth of ground cover under any playground equipment? Type: _____ Depth: _____

Section II - Sexual Abuse and Molestation

1. Total number of employees (including part-time and temporary): _____
- Limits desired: \$ _____
- Occurrence Claims Made Not Sure
- If claims made, please provide retro-active date: _____
2. Do you discuss at staff orientation child/sexual abuse, how to recognize the signs, and what to do if a camper reports that someone molested him/her? Yes No
3. Do you have a written policy in place addressing anti-abuse, anti-molestation, and anti-sexual harassment? Yes* No
- *If yes, do you review this policy with employees and volunteers on at least an annual basis? Yes No
4. Do you have a written plan of supervision that monitors staff in day-to-day relationships with campers? Yes No

5. Does your staff employment application (paid and volunteer) include questions about whether the applicant has ever been convicted of any crime, including sex-related or child abuse-related offenses? Yes* No
- *If yes, and the applicant checks "yes" to prior convictions, is the applicant refused employment? Yes No
- *If yes, include a copy of the employment application.
6. Do you require mandatory training for all employees and volunteers each year about child abuse and sexual abuse? Yes No
7. Does your state permit you to conduct criminal background investigations on staff members? Yes* No
- *If yes, do you request and receive such background investigations on all staff members? Yes No
- *If yes who provides the service? _____
8. Which of the following do you search in conducting background checks on employees and volunteers? (Check all that apply.)
- County Criminal Records State Criminal Records
- Teacher License Education Verification
- National Crime Index Nationwide U.S. Wants & Warrants
- Sex Offenders FBI
9. Do you verify employment references? Yes No
10. Is there a formal procedure in place to verify who is picking up the child when the child leaves camp? Yes No
11. Is there a formal incident reporting procedure in place? Yes No
12. Do you have a formal training program in place designed to prevent the occurrence of sexual misconduct or molestation? Yes* No
- *If yes, describe: _____
13. Does each employee (or volunteer) complete a written application for employment (or service)? Yes No*
- *If no, explain: _____
14. Does at least one senior staff member personally interview each prospective employee? Yes No
15. Does each new employee or volunteer complete a probationary period before being allowed to work with anyone under age 18? Yes* No
- *If yes, how long is the probationary period? _____
16. Have you ever had an incident which resulted in an allegation of sexual abuse or molestation at your camp? Yes* No
- *If yes, was a claim made against your camp and/or one or more of your employees? Yes* No
- *If yes, provide details of the claim/incident: _____
- *If yes, what has been done to prevent such occurrences from happening in the future? _____
-
- If you have volunteers rather than employees, are the answers to the above questions the same? Yes No N/A
- (Explain) _____
17. Has any employee or volunteer (past or present) ever been accused or convicted of sexual abuse, misconduct, or molestation? Yes* No
- *If yes, explain: _____
18. Are you currently aware of any facts or circumstances that could lead to a claim of sexual abuse, misconduct, or molestation against your camp or any employee or volunteer of the camp? Yes* No
- *If yes, explain: _____

Section III - Activities

* Please attach a copy of the safety plan for these activities. ** These activities are excluded.

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"/> Scuba Diving * |
| <input type="checkbox"/> Ballooning ** | <input type="checkbox"/> Hockey, Ice * | <input type="checkbox"/> Shooting / Rifle Range |
| <input type="checkbox"/> Baseball, Basketball, Volleyball, and
Other Non-Contact Sports | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Skateboarding * Skiing, |
| <input type="checkbox"/> Bicycle Trips | <input type="checkbox"/> Hunting ** | <input type="checkbox"/> Cross Country Skiing, |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Downhill / Alpine * Skiing, |
| <input type="checkbox"/> Boxing ** | <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Water |
| <input type="checkbox"/> Bungee Jumping ** | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Sky Diving ** |
| <input type="checkbox"/> Bungee Trampoline ** | <input type="checkbox"/> Lakes, Ponds, and River Activities | <input type="checkbox"/> Solo Trips * |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Martial Arts * | <input type="checkbox"/> Surfing * |
| <input type="checkbox"/> Caving * | <input type="checkbox"/> Motorbikes / Minibikes / Motorcycles / ATVs * | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Ceramics / Pottery | <input type="checkbox"/> Mountain Biking * | <input type="checkbox"/> Trampoline * |
| <input type="checkbox"/> Cheerleading * | <input type="checkbox"/> Mountain Boarding * | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Paintball * | <input type="checkbox"/> Water Blobs * |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Parasailing ** | <input type="checkbox"/> Waterslide/Water Park |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Rappelling / Rock Climbing * | <input type="checkbox"/> Water Trampoline * |
| <input type="checkbox"/> Fireworks Displays at Camp * | <input type="checkbox"/> Rocketry, Model Rockets | <input type="checkbox"/> Whitewater Rafting * |
| <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Rodeos** | <input type="checkbox"/> Windsurfing * |
| <input type="checkbox"/> Flying ** | <input type="checkbox"/> Roller Skating / In-line Skating | <input type="checkbox"/> Woodworking * |
| <input type="checkbox"/> Football (tackle) ** | <input type="checkbox"/> Ropes Courses / Climbing Towers * | <input type="checkbox"/> Working Farms |
| <input type="checkbox"/> Football (touch or flag) | <input type="checkbox"/> Rugby * | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Go Karts * | <input type="checkbox"/> Sailing | |
| <input type="checkbox"/> Gymnastics * | <input type="checkbox"/> Sail Boarding | |

Other, including extreme sports. Describe: _____

3. Additional Activity Information:

- a. Aquatics N/A Is the swimming facility (check all that apply): Pool Private Public Lake Ocean Other
- Is it (check all that apply): On premises Off premises Above Ground Below Ground Indoor Outdoor

Who supplies the lifeguards? _____

Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No

Do you have the following safety equipment at the waterfront? Check all that apply.

- Backboard Portable oxygen AED (Automatic External Defibrillator) First-Aid Kit
 Ring buoy Reaching pole or shepherds crook

Is staff assigned to supervise locker/changing rooms, sunbathing areas, etc.? (Minimum of two staff members.) Yes No

Is there a minimum of two lifeguards assigned to each structure at all times? Yes No

Do the lifeguards have 360 degree visibility around the structures? Yes No

Is a maximum 25 pound weight difference between participants on a blob enforced? Yes No

Is only one person at a time allowed to be bounced off the blob? Yes No

Are personal flotation devices worn at all times? Yes No

Is there a barrier in place to prevent access to unsupervised structures? Yes No

Is a "no swimming" radius of at least 20 feet around trampolines and blobs enforced at all times? Yes No

Are pool depths marked? Yes No

Are gates locked when pool is not in use? Yes No

Are all chemicals kept in a dry, ventilated, locked storage area? Yes No

Does the facility meet the Department of Environmental Resources standards for water quality, including testing and cleaning frequency? Yes No

Do you have specific guidelines regarding closing the pool or leaving the facility due to water quality, visibility, weather, or contamination? Yes No

Do you test each swimmer's swimming ability prior to allowing them to use the facility? Yes No

Do non-swimmers wear a visible identification? Yes No

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 and additional insured status on their policy? Yes No

*If yes, do you provide the lifeguards? Yes No

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

b. Bicycling Not Applicable Are helmets required? Yes No

Any travel on public highways? **If yes, attach safety guidelines.** Yes No

Night biking and cross country biking will be excluded.

c. Caving Not Applicable 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

List the qualifications of counselors/instructors: _____

d. Gymnastics Not Applicable Do activities consist of floor exercises only? Yes No

List all apparatus used: _____

Is the counselor/instructor a certified USGA gymnastics instructor? Yes* No**

*If yes, do you require a copy of the certificate? Yes No

**If no, explain the instructor's qualifications: _____

e. Ice Skating Not Applicable Rink **OR** Lake?

f. Land Trampolines Not Applicable

Are regular safety inspections performed? Yes No

How many adult spotters are present when the trampoline is in use? _____

Is access to the trampoline restricted by fencing? Yes No

Do rules prohibit more than one jumper at a time? Yes No

In-ground trampoline? Yes No

Springless trampoline? Yes No

How many land trampolines? _____

g. Martial Arts Not Applicable List the type(s) taught: _____

Is contact allowed? Yes No

Are all instructors certified? Yes No

h. Paintball Not Applicable Are rules and safety procedures prominently posted?
(Include a copy with the submission.) Yes No

Are participants required to sign a release of liability/waiver form?
(Include a copy with the submission.) Yes No

Are all players provided with facemasks, ANSI approved goggles and
camouflage coveralls? Yes No

i. Petting Zoos Not Applicable Describe all types of animals kept? _____

Are all animals properly vaccinated with vaccinations kept current? Yes No

Is there a hand-washing station with soap provided? Yes No*

*If no, explain: _____

j. Rappelling / Rock Climbing Not Applicable 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

Total number of Participation Days: _____

k. *Ropes Course / Towers / Zip Lines Not Applicable Year built (including zip line) _____ Who built it? _____

Was entire course built to ACCT standards? Yes No

Date of last inspection _____ (include a copy of the inspection)

Number of Low Ropes (Under 10'): _____

Number of High Ropes (Over 10'): _____

Number of Towers: _____

Number of Zip Lines or similar activity: _____

I. Saddle Animals Not Applicable Number owned _____ Number leased _____

Dates of use: From _____ To _____

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

If no, 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) _____

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

m. *Shooting / Rifles Not Applicable Is eye and hearing protection required at all times regardless of type of gun? Yes No

Is the shooting area barricaded and posted? Yes No

n. Skateboarding/Skatepark Not Applicable Is safety equipment (helmet, knee pads, elbow pads, etc.) required? Yes No

Are elements/obstacles present? Yes* No

*If yes, describe and indicate size of each: _____

Is there a half pipe? Yes* No

*If yes, indicate height: _____

How many parks? _____

Describe how the skatepark is protected from unauthorized usage:

o. Skin/Scuba Diving Not Applicable Activities consist of: Open Water Swimming Pool Both

Who provides equipment and fills tanks?

Attach copy of PADI license for diving instructors. If this is a subcontracted activity, attach a copy of the certificate of insurance showing the camp as an additional insured.

p. Boats, Canoes, Jet Skis, Kayaking, Sailing, or Tubing Not Applicable

If your camp provides any of the following activities, list the number of boats in each category:

<input type="checkbox"/> Canoes _____	<input type="checkbox"/> Paddleboats _____	<input type="checkbox"/> Inboard and Outboard Motorboats \geq 26 HP _____	<input type="checkbox"/> Sailboats > 21 Feet _____
<input type="checkbox"/> Jet Skis _____	<input type="checkbox"/> Personal Watercraft _____	<input type="checkbox"/> Inboard and Outboard Motorboats < 26 HP _____	<input type="checkbox"/> Sailboats < 21 Feet _____
<input type="checkbox"/> Kayaks _____	<input type="checkbox"/> Rowboats _____	<input type="checkbox"/> Motorboats < 76 HP _____	
		<input type="checkbox"/> Motorboats \geq 76 HP _____	

Are there any ski jumps? Yes No

Is boating in an area separated from swimming? Yes No

If no, explain:

Are life jackets and helmets required to be worn by each participant during all water activities? Yes No

Are campers always accompanied by a qualified counselor? Yes No

Are campers ever permitted to operate motorized boats? Yes No

Are lifeguards always in attendance during boating activities? Yes No

Is the area restricted to campers only during boating activities? Yes No

q. Whitewater Rapids Not Applicable Canoeing Kayaking Rafting

Tubing Rapids classification(s): _____

r. Woodworking Not Applicable 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

Section IV - 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. (Attach a Statement of Values showing 100% values for Building and 100% values for Personal Property.)**

1. Is there an automatic extinguishing system in the kitchen? Yes * No

a. If yes, does the automatic extinguishing system protect the following? (Check all that apply)

Cooking surfaces Exhaust ductwork Hoods Deep fat fryers Other cooking appliances

b. If yes, is there an inspection / maintenance agreement? Yes * No If yes, what is the frequency? _____

c. How often is the hood and ductwork professionally cleaned? _____

d. What is the frequency and method of cleaning hoods and grease filters? _____

e. Are grills equipped with grease traps? Yes No

2. Do all deep fat fryers have high limit switches? Yes No

3. Is the system U.L. listed? Yes No

4. Are all flammables and combustibles (paper goods, etc.) stored separately from ignition sources (cooking areas, propane, etc.)? Yes No

5. Explain the measures taken to protect the camp property during the winter:

6. Are fire extinguishers properly installed in all buildings? Yes No

7. Are propane heaters used? Yes* No

*If yes, installed by: Caretaker Volunteer Heating Contractor Other

If yes, in which buildings: _____

8. Are space heaters used? Yes* No

*If yes, installed by: Caretaker Volunteer Heating Contractor Other _____

If yes, in which buildings: _____

9. Are woodburning stoves used? Yes* No

*If yes, installed by: Caretaker Volunteer Heating Contractor Other _____

*If yes, in which buildings: _____

10. Are any building projects anticipated during the policy term? Yes* No

If yes, describe:

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.

Section V - 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?

All Activities indicated in Section III on Page 5 of 12

Do you provide supervision for any of these activities? _____

If yes, which activities?

Number of individuals per day _____ Number of rental days per week _____ Number of weeks per year _____

6. Are all essential safety requirements spelled out in writing in the lease agreement? 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
-

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, employees or volunteers, 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 - 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 will 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
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 one 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).

- Employee Benefits Liability Directors, Officers and Trustees Liability Employment Practices Liability
 Counseling Professional Liability Incidental Medical Services

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 in this Application and any accompanying Supplemental Questionnaires is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____

Title or Relationship to the Named Organization: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____

City, State, ZIP _____