

## The Camp Application for Camps & Conference Centers

• to be attached to ACORD Applications •

P.O. Box 2009 Glen Allen, VA 23058-2009

(P) 888.442.4006 (F) 804.527.7598

Email applications to: [mscsubmissions@markelcorp.com](mailto:mscsubmissions@markelcorp.com)

**Complete a separate application for each location.**

Markel Agent Number: \_\_\_\_\_  **New Agent**

Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person & Phone Number: \_\_\_\_\_

**Please include the following items with your submission:**

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

**Section 1 - General Information**

1. Type of Camp:  Day  Resident  Travel  Sports  Special Needs  
 (check all that apply)  Adult  Weight Loss  Other Specialty Focus: \_\_\_\_\_  
 Profit  Non-Profit  Co-ed  Boys  Girls
2. The camp is accredited by:  ACA  Other: \_\_\_\_\_  No accreditation
3. Do you own or operate any other businesses or operations that are not insured elsewhere?  Yes  No  
 If yes, describe businesses/operations: \_\_\_\_\_
4. a. If subcontractors are used, are you named as an additional insured on the contractor's insurance and are certificates of insurance obtained?  Yes  No  
 b. What services are contracted out: \_\_\_\_\_
5. Ratio of counselors to campers: \_\_\_\_\_ counselors for every \_\_\_\_\_ campers
6. Complete the following information for all camp sessions in total:
 

	DAY CAMPS	RESIDENT CAMPS	TRAVEL CAMPS
Estimated number of campers/day	_____	_____	_____
Number of days/week camp is open	_____	_____	_____
Number of weeks/year camp is open	_____	_____	_____
7. Do you have a written crisis management/emergency plan?  Yes  No
8. How many total years of experience does the director have as a camp director: \_\_\_\_\_  Yes  No
9. Do you use volunteers?  Yes  No  
 If yes, explain how often and for what purpose: \_\_\_\_\_
10. a. Is staff (paid & volunteer) required to complete an employment application?  Yes  No  
 If no, explain: \_\_\_\_\_  
 b. Are 5 year criminal and sex offender investigations conducted on all employees (paid & volunteer), including the director, before hiring? (This includes anyone who will be a regular volunteer)  Yes  No  
 c. After how many years are background checks done again for every employee, volunteer & the director: Every \_\_\_\_\_ years  
 d. Does your staff (paid & volunteer) employment application ask if the applicant has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No  
 e. Do you require mandatory training for all employees each year about these subjects?  Yes  No  
 f. Do you verify employment references and conduct an interview?  Yes  No  
 g. Do you have a written policy addressing abuse & individual contact that may occur between children & volunteers/staff?  Yes  No  
 h. Is a formal incident reporting procedure in place?  Yes  No  
 i. Is a formal procedure in place to verify who is picking up the child when the child leaves camp?  Yes  No  
 j. Have you had an incident that resulted in an allegation of sexual abuse?  Yes  No  
 If yes, describe in Comments Section (pg. 5). Include any resulting claims, the outcome and damages paid.

**Section 1 - General Information cont....**

11. a. Do you have a medical facility/health center and/or dispense medication?  Yes  No  
b. If yes, are written instructions from parents required before administering medications to minors, and is a log kept recording each time medication is administered?  Yes  No  
c. Is all medication stored in its original containers and kept inaccessible to children?  Yes  No  
d. How many of the following medical professionals are on staff: RN\_\_\_\_ LPN\_\_\_\_ EMT\_\_\_\_ MD\_\_\_\_ PA\_\_\_\_ Other \_\_\_\_\_
12. Do you sponsor or participate in special events or fundraisers?  Yes  No  
If yes, list all the types of events (use additional paper, if necessary): \_\_\_\_\_
13. Do you accept adjudicated youth as campers, counselors or volunteers?  Yes  No
14. Are all camp visitors required to sign in and sign out?  Yes  No
15. Are members of the public allowed on the premises when camp is in session?  Yes  No  
If yes, explain: \_\_\_\_\_
16. a. Do you have any animals at the camp (other than saddle animals)?  Yes  No  
If yes, describe number & types of each: \_\_\_\_\_
- b. Are all animals' inoculations up to date?  Yes  No

**Section 2 - Activities**

1. Do you require all campers to carry Accident Medical Insurance?  Yes  No
2. Check all activities offered: **\*Attach a copy of the safety plan for these activities. \*\*These activities are excluded.**
- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Ballooning**         | <input type="checkbox"/> Boxing**          | <input type="checkbox"/> Bungee Jumping**            | <input type="checkbox"/> Bungee Trampoline** | <input type="checkbox"/> Caving*             |
| <input type="checkbox"/> Cheerleading*        | <input type="checkbox"/> Diving            | <input type="checkbox"/> Fireworks Displays at Camp* | <input type="checkbox"/> Flying**            | <input type="checkbox"/> Football (tackle)** |
| <input type="checkbox"/> Go Karts*            | <input type="checkbox"/> Gymnastics*       | <input type="checkbox"/> Hang Gliding**              | <input type="checkbox"/> Hockey, Ice**       | <input type="checkbox"/> Hunting**           |
| <input type="checkbox"/> Motorbikes/Minibikes | <input type="checkbox"/> Motorcycles/ATVs* | <input type="checkbox"/> Mountain Boarding*          | <input type="checkbox"/> Paintball**         | <input type="checkbox"/> Parasailing**       |
| <input type="checkbox"/> Rugby*               | <input type="checkbox"/> Scuba Diving*     | <input type="checkbox"/> Skiing, Downhill/Alpine*    | <input type="checkbox"/> Sky Diving**        | <input type="checkbox"/> Solo Trips*         |
| <input type="checkbox"/> Surfing*             | <input type="checkbox"/> Trampoline**      | <input type="checkbox"/> Woodworking*                | <input type="checkbox"/> Working Farms       | <input type="checkbox"/> Wrestling*          |
- Any extreme sports: \_\_\_\_\_
3. Additional Activity Information – Complete for all activities you provide. **\*Attach safety plan for these activities.**
- a. Bicycling, in-line skating and skateboarding:  
• Are helmets required?  Yes  No  
• Any travel on public highways?  Yes  No
- 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  
• If outside guides are used for caving, are you named as an additional insured on the contractor's insurance, and are certificates of insurance obtained?  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
- 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)

**Section 2 – Activities cont...**

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: \_\_\_\_\_
- If outside guides are used for rafting, are you named as an additional insured on the contractor’s insurance, and are certificates of insurance obtained?  Yes  No

j. Woodworking:

- Protective eye gear worn, with machines properly guarded?  Yes  No
- Is the area ventilated with a dust accumulation system?  Yes  No

4. a. Do you have saddle animals?

Yes  No

b. If yes, number owned \_\_\_\_\_ number leased \_\_\_\_\_ Dates of use: From \_\_\_\_\_ To \_\_\_\_\_

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

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

d. Are they kept on premises all year?  Yes  No

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

e. Does the camp teach:  vaulting  jumping  rodeo activities  polo  other: \_\_\_\_\_

f. Are your instructors certified, including PATH Intl. certifications, for any instruction of mentally or physically challenged campers?  Yes  No

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

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

If yes, do you obtain a certificate of insurance, and are you named as additional insured on the academy’s insurance?  Yes  No

**Section 3 - Property**

1. Are smoke detectors installed in all sleeping areas, other than tents?  Yes  No

2. a. Is there an automatic extinguishing system in the kitchen?  Yes  No

b. 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. a. Is there an inspection/maintenance agreement?  Yes  No

b. 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. Do you own or are you responsible for the maintenance of any dams in any bodies of water?  Yes  No  
(If yes, complete the Dams Supplemental Questionnaire.)

10. Explain the measures taken to protect camp property during the winter: \_\_\_\_\_

**Section 4 - Facility Rental**

Do you rent to outside groups?  Yes  No

If yes, complete the following:

1. Is a written lease spelling out safety requirements required for every rental?  Yes  No

2. Do you obtain certificates of insurance with liability limits of at least \$500,000 and have yourself named as an additional insured on the lessee’s liability insurance policy?  Yes  No

3. What are your gross receipts from all rental operations: \$ \_\_\_\_\_

4. What activities are offered to rental groups: \_\_\_\_\_

5. Do you provide supervision of any of these activities?  Yes  No

If yes, which activities: \_\_\_\_\_

6. Number of individuals/day: \_\_\_\_\_ Number of rental days/week: \_\_\_\_\_ Number of weeks/year: \_\_\_\_\_

## Section 5 - Aquatics

1. Is the swimming facility:  Private  Public  On premises  Off premises  
(check all that apply)  Lake  Ocean  Other: \_\_\_\_\_
2. Is the pool/spa compliant with the Virginia Graeme Baker Pool & Safety Act?  Yes  No
3. Do you use pools/spas owned by other entities?  Yes  No  
If yes, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No
4. What is the total staff to swimmer ratio during swim times: \_\_\_\_\_ staff to \_\_\_\_\_ swimmers
5. What is the lifeguard to swimmer ratio during swim times: \_\_\_\_\_ lifeguards to \_\_\_\_\_ swimmers
6. Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)?  Yes  No  
If yes, how many: \_\_\_\_\_
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  Ring buoy  Reaching pole or shepherds cook
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. a. Is there a diving board?  Yes  No If yes, height: \_\_\_\_\_ feet; depth of the water in the diving area: \_\_\_\_\_ feet  
b. Is the diving area clearly marked?  Yes  No  
c. Does the diving area extend out at least 16 feet from the end of the diving board?  Yes  No
12. a. Is there a water slide?  Yes  No If yes, height: \_\_\_\_\_ feet; length: \_\_\_\_\_ feet; depth of water where slide enters: \_\_\_\_\_ feet  
b. Do you have safety rules for slide use?  Yes  No
13. a. Do you have water structures, like water trampolines, blobs, inflatable platforms, etc?  Yes  No  
b. If yes, list the type(s) of structure(s): \_\_\_\_\_  
c. Is there a minimum of 2 lifeguards assigned to each structure at all times with 360 degree visibility around the structure?  Yes  No  
d. Is a maximum 25 pound weight difference between participants on a blob enforced?  Yes  No  
e. Is only one person at a time allowed to be bounced off the blob with a maximum 25 pound weight difference between participants?  Yes  No  
f. Are personal flotation devices worn at all times?  Yes  No  
g. Is there a barrier in place to prevent access to unsupervised structures and a "no swimming" radius of 20 feet around the structures enforced?  Yes  No
14. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked?  Yes  No
15. Are pool depths marked?  Yes  No
16. If pool is outdoors, is it completely fenced with at least a 4 foot fence with gates locked when not in use?  Yes  No
17. Are all chemicals kept in a dry, ventilated, locked storage area?  Yes  No
18. Does the facility meet the Dept. of Environmental Resources standards for water quality, including testing and cleaning frequency?  Yes  No
19. Do you test each swimmer's swimming ability prior to allowing them to use the facility, with non-swimmers wearing visible identification?  Yes  No
20. Are facility rules meeting state and local regulations posted?  Yes  No

## Section 6 – Special Needs Campers

1. What percentage of campers have special needs: \_\_\_\_\_%
2. Percent of supervisory personnel with a degree (or at least 24 wks experience) in an area relevant to special needs being served: \_\_\_\_\_%
3. Are staff/camper ratios adjusted for special needs campers?  Yes  No If yes, 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 7 – Trips & Travel**

- Are all trips within the United States, U.S. Territories or Canada?  Yes  No If no, where are trips taken: \_\_\_\_\_
- What is the ratio of adult staff to participants, by age group: \_\_\_\_\_
- Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip?  Yes  No
- Do all children/campers wear identification tags or identifiable clothing on all trips?  Yes  No
- Wilderness Trips:
  - Does staff carry two-way radios to maintain contact with office staff or transmitters for location detection?  Yes  No
  - What special training does staff have for wilderness travel: \_\_\_\_\_

**Section 8 – Accident Medical Coverage**

- Type:  Primary  Excess
- Current Accident Medical carrier: \_\_\_\_\_
- Prior Accident Medical premiums and losses:
 

Policy year: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Losses: \$ \_\_\_\_\_ (# \_\_\_\_\_) \$ \_\_\_\_\_ (# \_\_\_\_\_) \$ \_\_\_\_\_ (# \_\_\_\_\_)
- Plan Desired (mark boxes below): **No deductible applies.**

Plan (Check desired plan)	Accident Medical Expense	Accidental Death and Dismemberment	Primary Sickness Medical Expense	Catastrophe Cash
<b>Resident Camps</b>				
<input type="checkbox"/>	\$3,500	\$10,000	\$1,000	\$25,000
<input type="checkbox"/>	\$3,500	\$5,000	\$1,000	\$25,000
<input type="checkbox"/>	\$5,000	\$10,000	\$1,000	\$25,000
<input type="checkbox"/>	\$12,500	\$15,000	\$1,000	\$25,000
<b>Day Camps</b>				
<input type="checkbox"/>	\$3,500	\$10,000	\$0	\$25,000
<input type="checkbox"/>	\$3,500	\$5,000	\$0	\$25,000
<input type="checkbox"/>	\$5,000	\$10,000	\$0	\$25,000
<input type="checkbox"/>	\$12,500	\$15,000	\$0	\$25,000

**Note:** Catastrophe Cash not available in New York. Sickness Medical Expense no available in Washington, Rhode Island and New Jersey.

- Is staff to be covered?  Yes  No If yes, estimated number of staff/week: \_\_\_\_\_
- Are volunteers to be covered?  Yes  No If yes, estimated number of volunteers/week: \_\_\_\_\_

**Section 9 – Automobile Coverage**

- Do you give all drivers a driving test in a vehicle of the type they'll be operating?  Yes  No
- Do you keep an up-to-date vehicle maintenance log for each vehicle serviced?  Yes  No
- If you rent or hire vehicles, which of these types do you hire or rent?  Vans  Buses  Trucks  Other: \_\_\_\_\_
- 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
- 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
- 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

**Section 10 – Additional Coverages Available**

If you would like a quote on any of the following, check the appropriate box(es).

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

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

\_\_\_\_\_

\_\_\_\_\_

**Notice of Insurance Information Practices:** Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

**STATE FRAUD STATEMENTS**

**APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim or payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MARYLAND**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the personal to criminal and civil penalties.

**APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Authorization** - 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.

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

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

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For new agents only</b>	Agency Name: _____	Agency Contact: _____
	Email: _____	Phone: _____

How did you hear about Markel:  Magazine Ad  Referral  Convention/Conference  Web Site  Other

Describe: \_\_\_\_\_

**Thank you for choosing Markel!**