

Camp Submission Checklist

Account Name: _____
 Need by Date: _____

Complete	General Account Information
<input type="checkbox"/>	Application for Camps and Conference Centers Survey UN 816
<input type="checkbox"/>	Acord Applications. (Property must show All structures individually with individual 100% values)
<input type="checkbox"/>	Sexual Molestation Survey UN 708 (UN 787 for limits \$500,000 or greater per occurrence)
<input type="checkbox"/>	Statement of values - building & personal property 100% limits split out. (Not combined)
<input type="checkbox"/>	Loss Runs (5 Years) Currently Valued
<input type="checkbox"/>	Diagram of Buildings Indicating Square footage, Fire-doors, Exits, Standpipes
<input type="checkbox"/>	Exterior Photos, Interior if Possible (Label building occupancy and name of cabin)
<input type="checkbox"/>	Business Income Worksheet(s) - optional
<input type="checkbox"/>	Management/Lease Agreement(s), if applicable
<input type="checkbox"/>	Brochures or Promotional Material
<input type="checkbox"/>	Corporate Status Verification
<input type="checkbox"/>	Existing Policy Decs. for Prop, GL, PL, & SM indicating: Retro Dates (if applicable) and Current Premium

Complete	Auto
<input type="checkbox"/>	Acord Business Auto Application
<input type="checkbox"/>	Vehicle Surveys
<input type="checkbox"/>	Drivers Information
<input type="checkbox"/>	Loss Runs (5 Years) Currently Valued
<input type="checkbox"/>	Selection/Rejection UM Form, if Applicable
<input type="checkbox"/>	Existing Policy Decs & Current Premium

Complete	Workers' Compensation
<input type="checkbox"/>	Acord Workers' Comp Application with signature
<input type="checkbox"/>	Loss Runs (5 Years) Currently Valued
<input type="checkbox"/>	Officer Exclusion Forms, if Applicable
<input type="checkbox"/>	Experience Modification Worksheet
<input type="checkbox"/>	Existing Policy Decs & Current Premium

Complete	Professional Liability
<input type="checkbox"/>	DO&T App (DOT 910 or DOT 913) Need Articles of Incorporation and Bylaws
<input type="checkbox"/>	Employee Benefits Liability App. (UN 703)
<input type="checkbox"/>	Employment Practices Liability App. (EPL 911 or EPL 914) Need Employee handbook

Complete	Umbrella
<input type="checkbox"/>	Umbrella Application (UMB APP-1)
<input type="checkbox"/>	Umbrella - Underlying WC or Auto Dec Page, if Applicable
<input type="checkbox"/>	Umbrella - Copy of Current Umb Cov Indicating Retroactive Date(s), if applicable

Complete	Other
<input type="checkbox"/>	Bond survey (UN707) if over \$25,000
<input type="checkbox"/>	If Applicable: Activity surveys: Go-Cart-(UN819) Climbing Wall-(UN817), Dam Safety-(UN818), Lake, Pond, River-(UN820), Swimming Pools-(UN821), Water Trampoline-(UN822), Waterslide Waterpark-(UN823)
<input type="checkbox"/>	Non-Owned Buildings Survey (UN 701)
<input type="checkbox"/>	Builders Risk Survey