



CAMP SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	
Website:	

2) Current Carrier Information:

Carrier:		
Limit of Insurance:		
Deductible:		
Premium:		
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's product brochure, catalog, or marketing materials if a website is not available
- c) Detailed diagram of campsite, trails, and waterways

3) What are your operations? Check all that apply:

- Day Camp - Children under age 13
- Day Camp - Children 13 to 18
- Day Camp - Medical Specialty - Children under age 18
- Day Camp - Mental Disabilities - Children under age 18
- Day Camp - Mental Disabilities - Adults 18 to 65
- Day Camp - Seniors 65+ or Memory Impaired
- Overnight Camp - Children under age 13
- Overnight Camp - Children 13 to 18
- Overnight Camp - Medical Specialty - Children under age 18
- Overnight Camp - Mental Disabilities - Children under age 18
- Overnight Camp - Mental Disabilities - Adults 18 to 65
- Overnight Camp - Troubled Children or Teens
- Camping Facilities - Public Access
- Camping Facilities - Private Club or Organization Access
- Camping Facilities - Scouting (GSUSA, BSA, Frontier Girls, Camp Fire, SpiralScouts, etc.)

For Equestrian Camps, please complete the Kinsale Equestrian Supplemental Application

4) What are your projected receipts for the coming year? \$_____

5) How many seasons/years have you been in operation? _____

- 6) How many total operating days do you have in a year? _____
- a. How many sessions is this? _____
- b. What are your operational season(s)?

- c. How many days per week are you operating? _____

- 7) On average, how many campers are present each operational day? _____

- 8) Are you subject to any state or local licensing or regulation? Yes No

- a. If yes, list regulations/licenses:

- 9) Do you run criminal background checks on all employees? Yes No

- a. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes No

- b. What is the minimum age for employment? _____

- 10) What activities and amenities are available at your camp? Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Lake or Pond | <input type="checkbox"/> River or Creek |
| <input type="checkbox"/> Water Slide | <input type="checkbox"/> Diving Board/Tower | <input type="checkbox"/> Launch Bag |
| <input type="checkbox"/> Zip Lines | <input type="checkbox"/> Trampoline (land) | <input type="checkbox"/> Trampoline (water) |
| <input type="checkbox"/> Aerial Ropes Course | <input type="checkbox"/> Obstacle or Challenge Course | <input type="checkbox"/> Unmarked Hiking Trails |
| <input type="checkbox"/> Kayaks or Canoes | <input type="checkbox"/> Powered Watercraft | <input type="checkbox"/> Team Sports Field |
| <input type="checkbox"/> Archery Range | <input type="checkbox"/> Shooting Range | <input type="checkbox"/> Airsoft or Paintball Fields |
| <input type="checkbox"/> Inflatables | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> RV Water/Sewer Hookup |
| <input type="checkbox"/> Arts and Crafts Cabin | <input type="checkbox"/> Camp Kitchen (open access) | <input type="checkbox"/> Fire Pits or Grills |
| <input type="checkbox"/> Woodshop | <input type="checkbox"/> Camp Garden | <input type="checkbox"/> Lawn Games Pits |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ |

- a. If you have any water hazards, are lifeguards present when campers are using the facilities? Yes No

- b. How is access to water hazards restricted when sanctioned activities are not occurring?

- 11) How many campers are on premise at one time? _____

- a. What is the staff to participant ratio? _____

- b. What is the typical age range of your participants? _____

- c. If you accept participants in a large variety of ages, are groups separated by age range? Yes No

- d. Are groups separated by gender? Yes No

- 12) If you operate an overnight camp, please complete the following:

- a. What sleeping accommodations are provided (tent, cabin, dormitory, etc.)? _____

- b. Are accommodations separated by gender? Yes No

- c. If no to b., are adult camp counselors present in the sleeping accommodations overnight? Yes No

- d. Do all sleeping accommodations have working smoke detectors? Yes No

- e. How many days and nights do camp sessions run? _____

- f. Describe your lights out/evening security precautions:

13) Is your camp religiously affiliated or requiring participants to engage in religious activities? Yes No

14) Is your camp specific to a type of sport or athletic activity? Yes No

a. If yes, which sport/activity? _____

b. What kind of training is conducted?

15) If you are operating a day camp, do you prepare or provide any meals to participants? Yes No

16) Do you have any ATVs, UTVs, golf carts, go-karts, etc. at your camp? Yes No

a. If yes, are campers ever permitted to drive the units? Yes No

b. Are campers permitted to ride in or on the units? Yes No

c. Maximum Speed: _____

17) Do you allow any underwater diving, spelunking (cave exploration), or natural rock climbing? Yes No

18) What kind of wildfire prevention, mitigation, and evacuation measures are in place at your camp site?

MEDICAL, DISABILITY, AND BEHAVIORAL CAMPS *(complete only if your camp is for medical/behavioral needs persons)*

19) Does your camp provide services for a specific disability or medical condition? Yes No

a. If yes, which condition(s)? _____

20) How far are you from the nearest hospital? _____

21) What medical staff are present on site while campers are present?

a. If your camp operates overnight, is an on-call nurse present on premises? Yes No

22) Do you distribute medication to participants? Yes No

a. If yes, is distribution limited to prescription only? Yes No

b. If no to a., are participants required to provide their own over the counter medications? Yes No

c. How are medications secured? _____

23) If you operate a camp for persons with mental disabilities or memory impairment, what methods are used to prevent elopement?

24) Do you have social workers on site during daytime hours or scheduled days? Yes No

25) Is your camp an obesity control, weight loss, healthy eating, or diet camp? Yes No

a. If yes, are campers ever restricted to under 1500 calories a day or required to fast for more than 8 hours at waking rest or 6 hours on activity days? Yes No

b. Are campers prohibited from activities involving heights or water hazards during fasting periods? Yes No

- 26) Do you ever physically restrain campers? Yes No
- a. Are staff permitted to physically discipline campers? Yes No
- b. If yes to 22) or a., are parents or legal guardians informed of this policy in writing? Yes No
- 27) Are camper's personal belongings subject to search for drugs or alcohol other than at check-in? Yes No
- a. Are campers subject to pat-down or strip search? Yes No
- 28) Are campers over the age of 10 ever brought to your location against their will? Yes No
- a. Do you provide home or school pickup services? Yes No
- 29) Do you engage in any wilderness or boot camp type activities? Yes No
- 30) Do you engage in any therapies or activities intended to alter or convert the gender identity or sexual orientation of a participant? Yes No
- 31) Are campers ever subjected to conditions of solitary confinement, food restriction, denied use of hygiene facilities, or denied use of overnight shelter? Yes No

ACCOUNT HISTORY

- 32) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No
- 33) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

NOTICE TO KENTUCKY APPLICANTS: 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.

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

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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 a false or deceptive statement is guilty of insurance fraud.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____