

CHILDREN'S CAMP

**PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Phone No.: _____

Website address: _____

3. **Name and address of facility:** _____

4. Describe applicant's experience in this industry: _____

5. How long has applicant been in business: _____

Attach advertising pamphlet/brochure.

6. Type of camp:

A. Day Camp Residential Camp (Avg. Length of stay _____ days)

B. Private Institutional Organization

7. How are campers accommodated? _____

Parental consent form with release/waiver? YES NO If yes, attach copy.

Age range of campers: _____ Average no. of campers per day: _____

No. of days per week in operation: _____ No. of weeks per year: _____

Date camp opens: _____ Date Camp closes: _____

8. Annual receipts: \$ _____

Total payroll: \$ _____ Total No. of employees: _____ Total No. of Volunteers: _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

9. Are campers always attended by counselors? YES NO

Minimum age of counselors: _____ Minimum ratio of counselors to campers: _____

Percentage of counselors returning from previous years: _____

What training is given to counselors: _____

What training, certification or experience are counselors required to have? _____

Are police/criminal background checks performed on counselors?

10. List all buildings located at the Camp with details of construction. (Construction and protection (e.g. fire alarms, etc.)
(Please attach a site plan showing all facilities)

Who is responsible for maintaining buildings and other facilities?

Are any of facilities open to the public? YES NO If yes, please describe.

11. List all activities or sports which campers can take part in. Specify whether on or off premises.

Are any of above contracted out to subcontractors? Please list.

Do you require all sub-contractors (including maintenance and facility providers) to provide Certificates of Insurance providing evidence of Third Party Insurance? YES NO

If no, please explain: _____

12. Are there any swimming facilities? YES NO

If yes, please provide description: _____

Lake	Roped Off Area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Max. Depth: _____	Min. Depth: _____
River	Roped Off Area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Max. Depth: _____	Min. Depth: _____
Sea	Roped Off Area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Max. Depth: _____	Min. Depth: _____
Pool	Roped Off Area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Max. Depth: _____	Min. Depth: _____

Any diving boards or waterslides? Specify where and height: _____

Any warning signs/rules posted? YES NO Describe if any: _____

Any nighttime swimming allowed? YES NO

Are lifeguards always in attendance? YES NO

If no, please explain: _____

Are all lifeguards qualified e.g. Red Cross or similar? YES NO

13. List all watercraft (if any).

Type	Usage	No. of Each	Length	HP of Motor, If any	Owned	Leased	Other

Are life jackets mandatory? YES NO

Lifeguards in attendance? YES NO

“Crash”/Safety boats available? YES NO

14. Are premises inspected by Health Authority? YES NO

If yes, date of last inspection: _____ Result: Satisfactory Unsatisfactory

15. Are all campers required to obtain medical certificates from their family doctors? YES NO

Medications:

Do you keep records of any allergies or special requirements for campers? Please describe.

Are EPIPENS available at all times and are staff trained how to use them? YES NO

Where is the nearest medical facility? _____

_____ Distance : _____

Is there any qualified nurse or other medically-trained person in attendance at the camp? Please describe:

Do you have a written emergency plan in the event of illness or injury sustained by a camper? Describe and provide copy.

If food and drinks are supplied, who prepares the food? _____

Who inspects the kitchen and how often? _____

Are any special dietary requirements such as food allergies of campers properly recorded and food preparers made aware of them? Please describe process: _____

16. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____

Premium: _____ Limit : \$ _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

17. Claims History:

Include total costs from ground up for each claim, whether Insured or not, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

18. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

19. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? YES NO

Injury/incident report form used? YES NO If yes, attach copy

20. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE:	_____

BROKER:	_____

PHONE #:	_____

Email Form

Print Form