

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Named Insured \_\_\_\_\_

City/State \_\_\_\_\_

### **CAMP – General Operations**

1. The camp is an accredited member of the following camping association:

- None
- A.C.A.
- C.C.I.
- Other If checked, describe: \_\_\_\_\_

2. Indicate website address, if any. \_\_\_\_\_

- N/A

3. The operating season of the camp is:

- Year Round
- Other, Specify Months of Operation \_\_\_\_\_

4. Camps are leased to outside groups

- Yes  No

5. The following background checks are completed for camp personnel:

- None  Credit and Criminal
- Prior Education  Reference Contacted
- Other, if checked, describe: \_\_\_\_\_

6. Camp director years of experience

- Less Than 1 Year
- 1 - 5 Years
- Over 5 Years

**Camp Name (If Applicable)** \_\_\_\_\_

7. Building projects are anticipated

- Yes  No If yes checked, provide details: \_\_\_\_\_

8a. Woodburning units are used

- Yes  No
- If yes, installed by:
  - Caretaker  Volunteer
  - Heating Contractor  Other (Describe) \_\_\_\_\_

8b. Space heaters are used

- Yes  No
- If yes, installed by:
  - Caretaker  Volunteer
  - Heating Contractor  Other (Describe) \_\_\_\_\_

8c. Propane heaters are used

- Yes  No
- If yes, installed by:
  - Caretaker  Volunteer
  - Heating Contractor  Other (Describe) \_\_\_\_\_

9. Fire extinguishers are properly installed in all buildings

- Yes  No If no, make recommendations: \_\_\_\_\_

10. Smoke detectors are installed in all sleeping areas  
 Yes  No If no, make recommendations: \_\_\_\_\_
11. Carbon monoxide detectors are installed in all sleeping areas  
 Yes  No If no, make recommendations: \_\_\_\_\_
12. When camp is closed, property is protected and maintained by:  
 Year-Round On-Premises Caretaker  Gated/Fenced  
 Year-Round Off-Premises Caretaker  Other (Describe) \_\_\_\_\_
13. Is camp location subject to winter conditions?  
 Yes  No If yes, complete the following:  
 All buildings winterized?  
 Yes  No If no checked, identify those that are not \_\_\_\_\_  
 Describe how buildings are protected against collapse due to weight of ice and snow:  
 Roofs Cleared Regularly  Metal Roofs  
 Inside Structural Support  Other, if Checked, Describe: \_\_\_\_\_

14. **CAMP – General Liability**  
**Camp Programs:**

The following activities are offered. For those activities indicated, provide a program description in the Remarks section to include such information as: experience of counselors/instructors, an explanation of safety plans, rules and procedures, and the general extent of the operation.

<b>On Prem</b>	<b>Off Prem</b>		<b>On Prem</b>	<b>Off Prem</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Alpine Skiing/Downhill	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Boards
<input type="checkbox"/>	<input type="checkbox"/>	Archery Range	<input type="checkbox"/>	<input type="checkbox"/>	Paintball
<input type="checkbox"/>	<input type="checkbox"/>	ATV's	<input type="checkbox"/>	<input type="checkbox"/>	Rappelling
<input type="checkbox"/>	<input type="checkbox"/>	Bicycle Trips	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Swimming
<input type="checkbox"/>	<input type="checkbox"/>	Blobs	<input type="checkbox"/>	<input type="checkbox"/>	Rifle Range
<input type="checkbox"/>	<input type="checkbox"/>	Canoe Trips	<input type="checkbox"/>	<input type="checkbox"/>	Rock Climbing
<input type="checkbox"/>	<input type="checkbox"/>	Caving	<input type="checkbox"/>	<input type="checkbox"/>	Ropes Course/High Elements
<input type="checkbox"/>	<input type="checkbox"/>	Climbing Wall	<input type="checkbox"/>	<input type="checkbox"/>	Ropes Courses/Low Elements
<input type="checkbox"/>	<input type="checkbox"/>	Cross Country Skiing	<input type="checkbox"/>	<input type="checkbox"/>	Sailboarding
<input type="checkbox"/>	<input type="checkbox"/>	Diving	<input type="checkbox"/>	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	<input type="checkbox"/>	Flying	<input type="checkbox"/>	<input type="checkbox"/>	Skateboarding/Skateboard Park
<input type="checkbox"/>	<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	Skin or Scuba Diving
<input type="checkbox"/>	<input type="checkbox"/>	Go-Karts	<input type="checkbox"/>	<input type="checkbox"/>	Snowmobiles
<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<i>Swimming Pool/Waterfront</i>
<input type="checkbox"/>	<input type="checkbox"/>	Hang Gliding	<input type="checkbox"/>	<input type="checkbox"/>	Trampolines
<input type="checkbox"/>	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	<input type="checkbox"/>	Horseback Riding/Equestrian Program	<input type="checkbox"/>	<input type="checkbox"/>	Water Skiing
<input type="checkbox"/>	<input type="checkbox"/>	Jet Skis/Waverunners	<input type="checkbox"/>	<input type="checkbox"/>	White Water Rafting
<input type="checkbox"/>	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	Zip Lines
<input type="checkbox"/>	<input type="checkbox"/>	Motorbikes, Minibikes, or Motorcycles	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

15. Watercraft: # of Rowboats # of Canoes  
 Yes  No  1 - 5  1 - 5  
 6 - 10  6 - 10  
 Over 10  Over 10  
 N/A  N/A

- # of Sailboats W/O Aux. Power  
 1 - 5  
 6 - 10  
 Over 10  
 N/A

Provide length of each sailboat: \_\_\_\_\_

# of Motorboats

- 1 - 5
- 6 - 10
- Over 10
- N/A

Provide length, engine size, and maximum speed for each: \_\_\_\_\_

16. Saddle animals:

- Yes  No

Number owned: \_\_\_\_\_ Number hired: \_\_\_\_\_

17. Unlicensed vehicles or equipment are used for service/maintenance

- Yes  No

- Trucks  Golf Carts
- Snowmobiles  ATV
- Other - Describe: \_\_\_\_\_

18. Professional services available: check all that apply

- None  LPN
- Doctor  RN
- Other - Describe: \_\_\_\_\_

Loss control checklist - make recommendations, when necessary

- > All campers and staff should be familiar with rules and safety procedures
- > Rules should be posted throughout the camp in highly visible locations
- > Staff should be trained in emergency procedures
- > Upper bunkbeds should be equipped with guardrails on all sides; the horizontal guardrails should be no more than 3 1/2 inches apart
- Counselor/camper ratio should be no more than 6 campers for each counselor

REMARKS: \_\_\_\_\_