

Account Number _____

Date _____

Named Insured _____

City/State _____

OVERNIGHT CAMPING SURVEY

NOTE: Complete one Overnight Camping Survey for each trip.

1. Name of camp _____
 - a. Does Church Mutual insure this camp?
 - Yes
 - No
 - Unknown

2. Duration of each overnight trip:
 - 1-3 days
 - 4 days or more

3. Number of attendees:
 - 1 - 10
 - 11 - 25
 - 26 - 100
 - Over 100

4. Ages of attendees:
 - 8 and under
 - 9 - 15
 - 16 - 21
 - Over 21

5. Who is supervising activities:
 - Camp
 - Insured
 - Other _____

6. Camp is requesting to be named additional insured:
 - Yes
 - No

7. Our insured will participate in the following activities:

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

REMARKS: _____
