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CA #0334819

SPORTS CAMP INSURANCE APPLICATION

APPLICANT INFORMATION

Name of insured (*as will appear on policy*): _____
Doing business as: _____
Mailing address: _____
City: _____ State: _____ Zip: _____ Phone: (_____) _____

LOCATION INFORMATION

Location of camp: _____
City: _____ State: _____ Zip: _____ Phone: (_____) _____
Location of office premises: _____
City: _____ State: _____ Zip: _____ Phone: (_____) _____

Do you intend to have off premises office premises liability? Yes No

If yes, office square footage: _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Phone: (_____) _____ Fax: (_____) _____

Federal tax ID number: _____

Email address: _____ Web site address: _____

Nature of operations/description of event: _____

List all activities operated under the named insured that are not camp related (e.g. competitions, other operations, etc.) _____

Insured is: Corporation Partnership Joint Venture Not for Profit Organization
 Limited Liability Corporation Other (explain): _____

President: _____ Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

AGENCY/BROKERAGE INFORMATION

Name of agency/brokerage (if applicable): _____

Contact Person: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Federal tax ID number: _____ Email address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
	<input type="checkbox"/> Liquor Liability <i>(K&K application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Crime <i>(ACORD application required)</i>	\$ _____	\$ _____
<input type="checkbox"/> Auto <i>(ACORD application required)</i>	\$ _____	\$ _____	
<input type="checkbox"/> Workers' Compensation <i>(ACORD application required with Experience Modification Worksheet)</i>	\$ _____	\$ _____	
<input type="checkbox"/> Other: _____	\$ _____	\$ _____	

ADDITIONAL INSURED: *(Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).*

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION TO YOU *</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

** If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.*

GENERAL INFORMATION

1. Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. _____
2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy? Yes No
If yes, please explain. _____
3. As respects your operation(s), do you enter into any contracts/lease agreements? Yes No
If yes, what contracts do you enter into? _____
 - a. Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - b. Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
 - c. Does each party assume its own liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
4. Who reviews the contracts prior to signing?
 Corporate Officers Counsel Other (please explain): _____

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

CERTIFICATES (Provide copies.) LIMITS ADDITIONAL INSURED

Food Concessionaires _____

UNDERWRITING INFORMATION

6. Is the camp accredited? Yes No

If yes, by whom _____

7. Type of camp (Check all that apply): Day Camp Resident Camp Travel Sports Special Needs
 Adult Co-ed Boys Girls

8. If resident camp, how long is average stay? _____

9. Age range of campers: _____

10. Date camp opens: _____ closes: _____ number of sessions: _____

11. Camper days: **DAY CAMPS**

A. Average number of campers per day: _____

B. Number of days per week: x _____

C. Number of weeks per year: x _____

Total Number of camper days (A x B x C) = _____

RESIDENT CAMPS

A. Average number of campers per day: _____

B. Number of days per week: x _____

C. Number of weeks per year: x _____

Total Number of camper days (A x B x C) = _____

— If more than one camp or more than one location, please attach a schedule of camp events/activities. —

12. Do you use volunteers? Yes No

If yes, for what position(s)? _____

13. Do you use subcontractors for any services? Yes No

If yes, what services are contracted out? _____

14. Do you get certificates of insurance from the contractors? Yes No

15. Are you named as additional insured on the contractor's policy(ies)? Yes No

16. Are doctors, nurses and/or certified medical personnel on the premises during camp? Yes No

If not, explain medical procedures: _____

17. Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum \$500,000 limit? Yes No

18. Does camp obtain medical permission slips? (If yes, attach copy) Yes No

19. Does camp require details regarding all prescription medicines being used by campers? Yes No

20. The nearest hospital or emergency medical facility is _____ miles away.

STAFF

21. How long has your director been in his or her position with your camp? _____

22. How many total years of experience does the director have as a camp director? _____

23. Ratio of counselors to campers during activities: _____

24. Ratio of counselors to campers during non-activity hours: _____

25. Are campers always attended by counselors? Yes No

26. Minimum age of counselors: _____

27. Do you have a Counselor in Training (CIT) or similar program? Yes No

28. If yes, what is the minimum age for the program? _____

29. Percentage of counselors who are returning from the previous year? _____
30. Are training classes mandatory for counselors? Yes No
31. Describe formal training, certification or previous experience required of counselors: _____

32. Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s) *(If yes, attach copy)?* Yes No

RESIDENTIAL CAMPS

33. Date of last board of health inspection: _____
34. Do employees, management, or caretakers, etc. live on premises year round? Yes No
 If yes, explain: _____
 If not, explain security/up keep for premises: _____

35. How many cabins or dwellings are occupied year round? _____ By whom? _____
36. Are all buildings at the insured premises owned by the named insured? Yes No
 If no, please specify: _____
37. Describe cooking facilities (ie. deepfryers, grills, ovens, etc.): _____

38. Is there an Ansul or similar automatic fire protection system over all cooking surfaces? Yes No
 If yes, what type: _____
 If no, explain: _____
39. Is there a fire station (paid or volunteer) within a 5 mile radius? Yes No
40. Are there fire hydrants on or near premises? Yes No
41. Do all sleeping rooms have smoke detectors? Yes No
42. Are any buildings sprinklered? Yes No
 If so, which ones: _____
43. Do any on-site steam boilers (or other machinery) require certification to satisfy governmental requirements? Yes No
 If yes, please provide the location, address, contact person and certificate expiration date: _____

TRANSPORTATION

44. Is camp responsible for campers transportation to and from camp? Yes No
45. Do you allow any camp employees or volunteers to transport campers in their personal vehicles? Yes No
46. Does camp hire: vans 15-passenger vans buses other: _____
47. Annual cost to hire vehicles:
 a. Where the camp must insure the vehicle \$ _____ (Primary)
 b. Where the lessor insures the vehicle \$ _____ (Excess) *
 *Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.
48. Minimum age of drivers? _____
49. Is a fleet safety program in place? Yes No
 If yes, please describe: _____

50. Are vehicles ever loaned or given to employees for there use? Yes No

51. Who is responsible for maintenance of vehicles? _____

52. Do you own 15-passenger buses or vans? Yes No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling: _____

ACTIVITIES

53a. Are any of the following activities offered by the camp (*Additional underwriting information will be required*)?

- | <u>YES</u> | <u>ACTIVITY</u> | <u>YES</u> | <u>ACTIVITY</u> | <u>YES</u> | <u>ACTIVITY</u> |
|--------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Archery | <input type="checkbox"/> | Hockey (ice) | <input type="checkbox"/> | Skateboarding ramps/jumps |
| <input type="checkbox"/> | Arts & Crafts | <input type="checkbox"/> | Hockey (inline) | <input type="checkbox"/> | Skiing (cross country) |
| <input type="checkbox"/> | Bicycling | <input type="checkbox"/> | Horseback riding | <input type="checkbox"/> | Skiing (alpine/downhill) |
| <input type="checkbox"/> | Back packing (hiking) | <input type="checkbox"/> | Hunting | <input type="checkbox"/> | Skiing (water) |
| <input type="checkbox"/> | Baseball/Softball | <input type="checkbox"/> | Ice skating | <input type="checkbox"/> | Soccer |
| <input type="checkbox"/> | Basketball | <input type="checkbox"/> | Jet skiing/waverunner | <input type="checkbox"/> | Surfing |
| <input type="checkbox"/> | Boating | <input type="checkbox"/> | Kayaking | <input type="checkbox"/> | Swimming |
| <input type="checkbox"/> | Canoeing | <input type="checkbox"/> | Kickball | <input type="checkbox"/> | Trampolines # _____ |
| <input type="checkbox"/> | Cheerleading | <input type="checkbox"/> | Lacrosse | <input type="checkbox"/> | Bungee trampolines # _____ |
| <input type="checkbox"/> | Caving | <input type="checkbox"/> | Martial arts | <input type="checkbox"/> | Tennis |
| <input type="checkbox"/> | Cross country/running | <input type="checkbox"/> | Mountain Biking | <input type="checkbox"/> | Track & Field |
| <input type="checkbox"/> | Diving | <input type="checkbox"/> | Motorbikes/Minibikes/Motorcycles/ATVs | <input type="checkbox"/> | Tubing |
| <input type="checkbox"/> | Field Trips/travel | <input type="checkbox"/> | Paintball | <input type="checkbox"/> | Volleyball |
| <input type="checkbox"/> | Fireworks | <input type="checkbox"/> | Rafting | <input type="checkbox"/> | Water trampolines # _____ |
| <input type="checkbox"/> | Football (tackle) | <input type="checkbox"/> | Rappelling | <input type="checkbox"/> | Waterslides over 15' in height # _____ |
| <input type="checkbox"/> | Football (flag/touch) | <input type="checkbox"/> | Rifle ranges # _____ | <input type="checkbox"/> | Whitewater canoeing /kayaking/rafting |
| <input type="checkbox"/> | Go-karts | <input type="checkbox"/> | Rock climbing/climbing wall | <input type="checkbox"/> | Wrestling |
| <input type="checkbox"/> | Golf | <input type="checkbox"/> | Ropes courses/climbing towers | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Gymnastics | <input type="checkbox"/> | Rugby | <input type="checkbox"/> | Extreme sports: _____ |
| <input type="checkbox"/> | Hockey (field) | <input type="checkbox"/> | Saddle animals | | |

53b. **Additional Activity Information** - Complete for all activities you provide:

Bicycling- Are helmets required? Yes No
Any biking on public highways? Yes No

Cheerleading- Any stunting or pyramids? Yes No
Do you follow USASF or NFHS guidelines? Yes No

Field Trips/Travel- How many trips are conducted per year? _____
Are all trips within the United States? Yes No
Do any field trips last more than one day? Yes No
To what types of attractions will you visit? _____
What is the average distance traveled? _____
What is the ratio of adult staff to campers? _____
Are signed permission forms and waivers obtained from the parents or guardians of the campers going on the field trips? Yes No
Do all parents/guardians receive detailed information regarding the trips? Yes No
Do all campers and camp staff wear identification tags or identifiable clothing on all trips? Yes No
Are campers allowed to transport themselves or other campers? Yes No

Marital Arts-- Describe the types taught: _____
Is contact allowed? Yes No
Are all instructors certified? Yes No
If yes, by whom? _____

54. Does camp have a safety plan for all activities checked? (*If yes, attach copy*) Yes No

55. Does camp contract with others for program services for any of these activities? Yes No

If yes, please explain: _____

56. Are certificates of insurance provided *(If yes, attach sample)*? Yes No
57. Are any contracts signed with these groups *(If yes, attach copies)*? Yes No
58. Do any activities take place off the camp premises? Yes No

If yes, please explain, including explanation of transportation: _____

59. If shooting/riflery is provided, are NRA standards met? N/A Yes No

60. **IF CAMP UTILIZES A POOL:** N/A

- Total number of pools: _____
- Is it open to members of the public? Yes No
- Maximum depth of swimming area: _____
- Is it fenced? Yes No Height: _____
- Are depth markings clearly visible in and around the pool? Yes No
- Number of diving boards: _____ Height: _____
- Depth of water at diving board entry: _____
- Is a lifeguard provided? Yes No
- If yes, ratio of swimmers to lifeguards: _____
- Are lifeguards certified? Yes No
- If yes, by whom: _____
- Are rules posted at the pool area? Yes No
- Any nighttime swimming allowed? Yes No
- If yes, is pool lighted? Yes No

61. **IF CAMP UTILIZES A LAKE, POND OR RIVER:** N/A

- Total number of lakes, ponds or rivers: _____
- Is it open to members of the public? Yes No
- Maximum depth of swimming area: _____
- Is swim area roped off? Yes No
- Is signage posted clearly stating the depth of water and the rules for the lake/pond? Yes No
- Number of diving boards: _____ Height: _____
- Depth of water at diving board entry: _____
- Is a lifeguard provided? Yes No
- If yes, ratio of swimmers to lifeguards: _____
- Are lifeguards certified? Yes No
- If yes, by whom: _____
- Rescue vehicle available? Yes No
- Any nighttime swimming allowed? Yes No
- If yes, describe lighting: _____

62. Are there other bodies of water on premises *(not just those normally utilized)* and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? Yes No

CONFERENCE/RENTALS/LEASING N/A

63. Is camp leased to outside entities *(e.g. conferences, retreats, reunions, weddings, etc.)*? Yes No
- If yes, provide dates, and anticipated number of attendees: _____

If yes, are certificates of insurance naming camp as an additional insured required? Yes No

64. Are limits of \$1,000,000 required? Yes No
- If no, explain: _____

65. Are contracts/agreements signed with these entities *(If yes, attach sample)*? Yes No

66. Gross receipts from leased periods: \$ _____

67. During leased periods, does camp director/management or any other employees remain on the premises? Yes No
- If yes, please explain: _____

68. Do activities take place during leased period that do not take place during usual camp operations? Yes No
- If yes, please explain: _____

69. Do you sell or furnish liquor during leased periods? Yes No
- If yes, please complete the Liquor Liability Application.*

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- A.** *Camp brochure/literature defining activities (if no camp website).*
- B.** *Schedule of camp events/activities.*
- C.** *Four years of currently valued company loss runs.*
- D.** *Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.*
- E.** *Copy of staff application and, when applicable, background check consent form (if not on camp website).*
- F.** *Copy of camper registration form, copy of camper waiver, and copy of medical permission form (if not on camp website).*
- G.** *Copies of all contractual agreements pertaining to camp operations.*
- H.** *Copy of certificate of insurance from transportation company naming camp as additional insured is required.*

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)