

Named Insured: _____

Camp Location Address:: _____

I. Facility

1. Is the camp accredited by the American Camping Association (ACA)? Yes No
2. How many days is the camp open each year? _____
3. What is the average number of campers daily? _____
4. Do any buildings have wood burning fireplaces or stoves? Yes No
5. How is the cooking equipment protected (fire extinguishers, ANSUL system, and so on)? _____
When was this protective equipment last inspected? _____
6. Is the camp leased, rented, or otherwise made available to others? Yes No
Are certificates of general liability insurance that name your nonprofit as additional insured obtained from the user? Yes No

II. Campers

Age Group	Number of Campers	% Emotionally Disabled	% Physically Disabled
7 or younger			
8 to 12 years			
13 to 17 years			
18 and over			

III. Staff

1. What is the counselor to camper ratio? _____
2. What is the minimum age of the counselors? _____
3. Does the counselor selection process include:
 - background and reference checks? Yes No
 - screening for criminal records? Yes No
 - credential checks (for director, nurse, physician, and so on)? Yes No
4. Describe training provided for new counselors: _____
5. Are counselors' job responsibilities in writing? Yes No
6. Are nurses or physicians on staff? Yes No
Do they carry their own medical professional liability coverage, and name the camp as an additional insured on these policies? Yes No

IV. Safety Policies

1. Is a medical history obtained for each camper? Yes No
2. Are emergency phone numbers for both parents/guardians and physicians maintained for each camper? Yes No
3. Are parents required to give signed permission authorizing emergency medical transportation and treatment? Yes No
4. Are parents required to give signed permission authorizing their children's participation in sporting and athletic activities? Yes No
5. What are the procedures for handling medication, injury, and illness? _____
6. Is the staff certified in CPR and emergency first aid? Yes No
Is a first aid kit kept on premises? Yes No
7. What are the procedures for handling emergency medical evacuation? _____
What is the distance to the nearest hospital? _____
8. Are smoke detectors installed in all buildings used as sleeping quarters? Yes No
9. Are fire extinguishers kept in all buildings? Yes No
10. Is there a written fire evacuation plan including scheduled fire drills? Yes No
11. How is the camp secured for the off-season? _____
12. Is accident insurance carried on campers and counselors? Yes No

V. Activities

Check all activities that are available at the camp:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Riflery | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Rope Course | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Wrestling* | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Martial Arts (contact)* |
| <input type="checkbox"/> Boating** | <input type="checkbox"/> Swimming*** | <input type="checkbox"/> Tackle Football* | <input type="checkbox"/> Confidence Course |
| <input type="checkbox"/> Other, describe: _____ | | | |

*Are protective mouth, head, and eyewear required? Yes No

**Provide the number of canoes _____, rowboats _____, and motorboats _____

***Is the swimming in a lake or a pool? _____

FRAUD STATEMENT

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- CALIFORNIA:** In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
- COLORADO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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.
- FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** 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 a denial of insurance benefits.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO:** ANY PERSON WHO, WITH THE 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.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- PENNSYLVANIA:** 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 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.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- VIRGINIA:** 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.
- WISCONSIN:** 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 a denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

12/03

Signature of Applicant

Date