

# Supplemental Application – Day/Summer Camp

**The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.**

1. Named Insured: \_\_\_\_\_

2. Named Insured Mailing Address: \_\_\_\_\_

## GENERAL INFORMATION

1. Premises Address: \_\_\_\_\_

2. Applicant is Owner/Operator \_\_\_\_\_ Lessor / Operator \_\_\_\_\_

3. Years in Business: \_\_\_\_\_ Years Current Management at this Location: \_\_\_\_\_

4. Date camp starts: \_\_\_\_\_ Date camp ends: \_\_\_\_\_

5. Hours of operation: \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

6. Provide details of security and safety protocols for pick-up and drop-off: \_\_\_\_\_

7. Is the camp accredited? ☐ Yes ☐ No If yes, by whom? \_\_\_\_\_

8. Number of registered campers: \_\_\_\_\_

a. Number of campers per day: \_\_\_\_\_

b. Counselor to camper ratio: \_\_\_\_\_

9. Any physically, medically, mentally challenged or special needs attendees? ☐ Yes ☐ No

10. Any physicians or nurses on staff, whether employed or contracted? ☐ Yes ☐ No

11. Any medications administered? ☐ Yes ☐ No If yes, please provide details. \_\_\_\_\_

12. Are meals and snacks provided for campers? ☐ Yes ☐ No

13. Is there cooking on the premises? ☐ Yes ☐ No If yes:

a. Is there an automatic extinguishing system over all cooking surfaces? ☐ Yes ☐ No

b. Is there a cleaning contract in place with an outside firm? ☐ Yes ☐ No

c. Are hoods and ducts cleaned regularly by employees? ☐ Yes ☐ No

d. Are the kitchen facilities located in an area not accessible to the attendees? ☐ Yes ☐ No

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14. Are camp premises rented to an outside entity? ☐ Yes ☐ No If yes:

- a. Does the insured require a Certificate of Insurance naming the camp as an Additional Insured? ☐ Yes ☐ No
- b. Is there a formal contract/agreement signed by both parties? ☐ Yes ☐ No
- c. Any overnight activities? ☐ Yes ☐ No
- d. Annual gross receipts for the rental of the premises: \$ \_\_\_\_\_

### CAMP ACTIVITIES

1. Describe all playground / recreational equipment on premises:

\_\_\_\_\_

a. Type of surface around playground equipment? \_\_\_\_\_

2. Check all applicable activities associated with the camp.

- |   |  |  |   |                                     |
|---|--|--|---|-------------------------------------|
| <input type="checkbox"/> Archery          | <input type="checkbox"/> ATVs          | <input type="checkbox"/> Baseball        | <input type="checkbox"/> Basketball       | <input type="checkbox"/> Bicycling  |
| <input type="checkbox"/> Boating          | <input type="checkbox"/> Boxing        | <input type="checkbox"/> Canoeing        | <input type="checkbox"/> Climbing Towers  | <input type="checkbox"/> Diving     |
| <input type="checkbox"/> Drones           | <input type="checkbox"/> Fireworks     | <input type="checkbox"/> Fishing         | <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Football   |
| <input type="checkbox"/> Gaga Courts      | <input type="checkbox"/> Go Karts      | <input type="checkbox"/> Golf            | <input type="checkbox"/> Gymnastics       | <input type="checkbox"/> Hockey     |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hunting       | <input type="checkbox"/> Ice skating     | <input type="checkbox"/> Inflatables      | <input type="checkbox"/> Jet Skiing |
| <input type="checkbox"/> Kayaking         | <input type="checkbox"/> Martial Arts  | <input type="checkbox"/> Obstacle Course | <input type="checkbox"/> Paintball        | <input type="checkbox"/> Rafting    |
| <input type="checkbox"/> Rifle Ranges     | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Roller Skating  | <input type="checkbox"/> Rope Courses     | <input type="checkbox"/> Rugby      |
| <input type="checkbox"/> Sailing          | <input type="checkbox"/> Scuba Diving  | <input type="checkbox"/> Shooting        | <input type="checkbox"/> Skateboarding    | <input type="checkbox"/> Skiing     |
| <input type="checkbox"/> Soccer           | <input type="checkbox"/> Surfing       | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Trampolines      | <input type="checkbox"/> Tubing     |
| <input type="checkbox"/> Waterslides      | <input type="checkbox"/> Windsurfing   | <input type="checkbox"/> Woodworking     | <input type="checkbox"/> Wrestling        | <input type="checkbox"/> Zip lines  |

☐ Other, including extreme sports: (Describe)

\_\_\_\_\_

3. Any off-site field trips? ☐ Yes ☐ No If yes:

a. Frequency?

\_\_\_\_\_

b. Locations /Destinations? \_\_\_\_\_

c. Method of transportation? \_\_\_\_\_

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d. What security measures are in place?

\_\_\_\_\_

e. Are signed waivers required from parents or guardians of participants for field trips? ☐ Yes ☐ No

4. For all water features on the premises please supply the following:

a. How many pools, wading pools or other water features are on the premises? \_\_\_\_\_

b. Are pools fenced with self-latching gate? ☐ Yes ☐ No

c. Is life-saving / emergency equipment available? ☐ Yes ☐ No

d. Does the pool area have non-slip surfaces? ☐ Yes ☐ No

e. Is the pool depth marked? ☐ Yes ☐ No

f. Are there diving boards? ☐ Yes ☐ No If yes, what is the height? \_\_\_\_\_

g. Are there slides? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

h. Are all pools in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

i. Are lifeguards on duty during hours of operation? ☐ Yes ☐ No If yes, are they employees \_\_\_\_\_ or contractors \_\_\_\_? If contractors, are certificates of insurance provided naming the applicant as Additional Insured? ☐ Yes ☐ No

j. Are at least two employees present when any children or other campers are near the pool?

☐ Yes ☐ No

k. Are all pool chemicals stored in a secured area? ☐ Yes ☐ No

l. Is there any swimming and/or diving instruction given? \_\_\_\_\_ If so, how many instructors / lifeguards are present during instruction? \_\_\_\_\_

m. Is there any swimming done in an ocean, lake, river, pond or gravel pit on the premises? ☐ Yes ☐ No

n. Are all campers required to wear life jackets during boating and fishing activities? ☐ Yes ☐ No

### CAMP PERSONNEL

1. Are criminal background checks made on all employees and volunteers, if applicable, prior to hiring? ☐ Yes ☐ No

2. Do all employees and volunteers, if applicable, submit to routine drug testing? ☐ Yes ☐ No

3. Are all employees and volunteers, if applicable, certified in CPR and trained in First Aid? ☐ Yes ☐ No

4. Have there been any past incidents of actual physical or sexual abuse or molestation? ☐ Yes ☐ No

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5. What is the minimum age of counselors? \_\_\_\_\_
6. What percentage of counselors return from the prior year? \_\_\_\_\_%

### AUTO

1. Does the camp provide transportation for campers to and from camp? ☐ Yes ☐ No If yes:
- a. Is this service provided by the insured or through a transportation company? \_\_\_\_\_
  - b. If provided by the insured, does the insured have a Commercial Automobile policy in place?  
☐ Yes ☐ No
  - c. If provided by the insured, does the insured own and maintain their own fleet? ☐ Yes ☐ No
  - d. Do employees of counselors use their own personal vehicles to transport campers? ☐ Yes ☐ No

Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## FRAUD WARNINGS

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

### **To Prospective Insureds In:**

**Notice to California Applicants:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Applicants:** 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia and Louisiana Applicants:** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger).**

**Notice to Kansas Applicants:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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**Notice to Maine, Tennessee, Virginia and Washington Applicants:** 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 and/or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Hampshire Applicants:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Notice to New York Applicants:** 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to New York Applicants (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**Notice to New York Applicants (Automobile):** 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 also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Notice to Pennsylvania Applicants:** 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Pennsylvania Applicants (Automobile):** 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 seven (7) years and the payment of a fine of up to \$15,000.