

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Physical Address of Organization (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6 Provide number of years the business has been in operation: _____

2.7

Additional Insureds	Relationship	Address
<i>As they are to appear on the policy (MUST be approved by K&K)</i>		

2.8 Location of Camp activities: _____

2.9 Type of Camp

A)

☐ Daycamp

OR

☐ Overnight Camp

If an overnight camp, how long is average stay? _____

B)

☐ Private

☐ Institutional

☐ Organizational

Please provide the number of campers within the age ranges: Under 12 _____ 12 to 18 _____ Over 18 _____

C) Is participant accident liability required?

☐ Yes ☐ No

2.10 Date Camp opens: _____

Closes: _____

Average number of campers per day: _____

_____ X

Number of days per week: _____

_____ X

Number of weeks per year: _____

_____ = Total number of camper days: _____

2.11 Da

List All Sessions and Dates	Type of Sport	Number of Participants	Number of Days

Use additional sheet if necessary.

Please note: We must be notified of any date changes prior to the first day of the camp.
(If additional dates need to be added after submission, a new form must be completed.)

2.12 A) Location of Camp: _____

B) Location of any off premises office: _____

Total square footage of off-premises office: _____

C) Any other insured locations: ☐ Yes ☐ No

If yes, please provide details: _____

2.13 List any organizations which have accredited the camp: _____

2.14 Are the camp directors accredited? ☐ Yes ☐ No

If yes, please list which organizations have accredited: _____

2.15 Please provide details of the camp director's training and experience: _____

2.16 Who is responsible for maintenance, condition or operation of the following:

	<u>Outside Leasing Groups</u>	<u>Camp</u>	<u>Other (Please specify)</u>
A) Grounds & Permanent Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
B) Counsellors & Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
C) Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Do you obtain a Certificate of Insurance from the above, naming the organization as an Additional Insured on their insurance policy? ☐ Yes ☐ No

2.17 Date of last Board of Health Inspection: _____

2.18 Do employees, management, or caretakers, etc. live on premises year-round? ☐ Yes ☐ No

If yes, please explain: _____

If no, please explain security / upkeep procedures: _____

2.19 A) Distance to nearest hospital or emergency medical facility: _____ km

B) Are doctors, nurses and/or certified medical personnel on the premises during camp? ☐ Yes ☐ No

If no, please explain medical procedures: _____

- C) Do doctors, nurses and / or certified medical personnel / EMTs have their own professional liability insurance? ☐ Yes ☐ No
- D) Does camp obtain medical permission slips? (If yes, please include copy.) ☐ Yes ☐ No
- E) Does camp require details regarding all prescription medicines being used by campers? ☐ Yes ☐ No

2.20 Does camp require an Acknowledgement of Risk/Consent Form to be signed by each camper and their parent(s)/guardian(s)? ☐ Yes ☐ No

If yes, please attach copy.

- 2.21 A) Is camp responsible for campers' transportation to and from camp? ☐ Yes ☐ No
- B) Are any camp sessions designated for the handicapped? ☐ Yes ☐ No

If yes, please describe any special features provided to accommodate handicapped people: _____

2.22 A) Describe cooking facilities including fire extinguishing system: _____

B) Do all sleeping rooms have smoke detectors? ☐ Yes ☐ No

C) Number of currently inspected fire extinguishers on site: _____

D) Number of fire hydrants on or near premises: _____

2.23 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: _____

2.24 A) Is camp leased to outside entities? ☐ Yes ☐ No

B) If yes, are Certificates of Insurance naming Camp as an Additional Insured required? ☐ Yes ☐ No

C) Are contracts/agreements signed with these entities? ☐ Yes ☐ No

If yes, please submit sample.

D) Gross receipts from leased periods: \$ _____

E) During leased periods, does camp director/management or any other employees remain on the premises? ☐ Yes ☐ No

If yes, please explain: _____

F) Do activities take place during leased period that do not take place during usual camp operations? ☐ Yes ☐ No

2.25 Personnel

A) Ratio of counsellors to campers during activities: _____

B) Ratio of counsellors to campers during non-activity hours: _____

C) Are campers always attended by counsellors? ☐ Yes ☐ No

D) Minimum age of counsellors: _____

E) Percentage of counsellors who are returning from the previous year: _____ %

F) Are training classes mandatory for counsellors? ☐ Yes ☐ No

- G) Any medical training requirements such as first aid or CPR? ☐ Yes ☐ No
- H) Describe formal training, certification or previous experience required of counsellors: _____
- _____
- _____
- _____

2.26 Activities

A) Are any of the following activities provided by the camp? (Additional underwriting information may be required.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Tubing | <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Hang-Gliding | <input type="checkbox"/> Skin or Scuba Diving |
| <input type="checkbox"/> Flying | <input type="checkbox"/> Whitewater Canoeing | <input type="checkbox"/> Go-Karts | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Archery | <input type="checkbox"/> ATVs, ATCs or Motorbikes | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Motorized Off-Road Bikes | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Rafting | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Rope Courses | <input type="checkbox"/> Alpine Skiing |
| <input type="checkbox"/> Adventure Program | <input type="checkbox"/> Rifle Ranges | <input type="checkbox"/> Back Packing | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Blobs or Aqua Jumps | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Water Slides over 12' in height | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

B) Does camp have a safety plan for all activities checked? ☐ Yes ☐ No

If yes, please attach a copy.

C) Does camp contract with others for program services for any of these activities? ☐ Yes ☐ No

If yes, please explain: _____

D) Are Certificates of Insurance provided? ☐ Yes ☐ No

If yes, please attach a copy.

E) Are any contracts signed with these groups? ☐ Yes ☐ No

F) Do any activities take place off the camp premises? ☐ Yes ☐ No

If yes, please explain including explanation of transportation: _____

G) If shooting/rifle practice is provided, are all regulatory standards met? ☐ Yes ☐ No

H) Are saddled animals used? ☐ Yes ☐ No

If yes, please explain: _____

2.27 If the camp utilizes a pool:

A) Is it open to members of the public? ☐ Yes ☐ No

B) Maximum depth of swimming area:

C) Is the swimming area fenced? ☐ Yes ☐ No

If yes, what is the height of fencing:

D) Are depth markings clearly visible in and around the pool? ☐ Yes ☐ No

E) Number of diving boards: _____ Heights: _____

F) Describe any waterslides / blobs / etc.: _____

- G) Is a lifeguard provided? ☐ Yes ☐ No
- H) Are rules posted at the pool area? ☐ Yes ☐ No
- I) Any nighttime swimming allowed? ☐ Yes ☐ No

2.28 If the camp utilizes a lake or pond:

- A) Is it open to members of the public? ☐ Yes ☐ No
- B) Maximum depth of swimming area:
- C) Is the swimming area roped off? ☐ Yes ☐ No
- D) Is signage posted clearly stating the depth of water and the rules for the lake/pond? ☐ Yes ☐ No

E) Number of diving boards: _____ Heights: _____

F) Describe any waterslides / blobs / etc.: _____

- G) Is a lifeguard provided? ☐ Yes ☐ No
- H) Rescue vehicle available? ☐ Yes ☐ No
- I) Any nighttime swimming allowed? ☐ Yes ☐ No

2.29 Are there other bodies of water on premises (not just those normally utilized)

☐ Yes ☐ No

If yes, are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use?

☐ Yes ☐ No

2.30 If your camp provides any of the following activities, please complete:

A) TUBING / RAFTING / CANOEING / KAYAKING / SAILING / BOATING (List number of boats below.)

Canoeing _____ Kayaks _____ Motorboats under 76 HP _____

Rowboats _____ Paddleboats _____ Motorboats over 76 HP _____

Sailboats _____ Jet Skis _____

B) Are any boats over 21 feet in length? ☐ Yes ☐ No

Please explain uses for powered boats: _____

C) Are lifejackets, etc. required to be worn by each participant during all water activities? ☐ Yes ☐ No

D) Are campers always accompanied by qualified counsellors? ☐ Yes ☐ No

E) Are campers ever permitted to operate motorized boats? ☐ Yes ☐ No

F) Are lifeguards always in attendance during these activities? ☐ Yes ☐ No

G) Is area restricted to campers only during these activities? ☐ Yes ☐ No

Completely describe any "whitewater" exposures, including the experience of counsellors: _____

2.31 Rope Courses

A) Is the course inspected by a certified independent consultant?

If yes, by whom? _____

B) Please list counsellor/instructor qualifications: _____

- C) Completely describe the area and type of high/low elements: _____

- D) Ratio of counsellors to campers: _____

2.32 Caving

- A) Distance from camp location: _____
- B) Cave type/size: _____
- C) Activities while at the cave: _____

- D) Has the cave been approved for safety? ☐ Yes ☐ No
- E) Counsellor qualifications: _____

- F) Ratio of counsellors to campers: _____

2.33 Overnight Activities (Camp-outs or off-camp premises)

- A) Type of overnight exposures (such as backpacking, bicycling, canoe trips): _____

- B) Please describe location(s): _____

- C) Length of trips: _____
- D) Counsellor qualifications: _____

- E) Completely describe safety procedures, with medical emergency/rescue plans: _____

2.34 Rock Climbing / Rappelling

- A) Completely describe activities including a diagram of location (on separate sheet) showing height, indoor/outdoor, artificial/natural setting, etc.: _____

- B) Please list counsellor/ instructor qualifications: _____

- C) If certified, do you require a copy? ☐ Yes ☐ No
- D) Please list equipment used: _____

- E) Ratio of counsellors to campers: _____

2.35 Abuse

Please complete the separate abuse application if abuse coverage is requested.

SECTION 3: LIABILITY

3.1 Protective Liability

A) Does the Applicant let or sublet any work to independent contractors
(e.g. security, concessionaires, janitorial, premises maintenance, etc.)? ☐ Yes ☐ No

If yes, what is the annual cost of work? Let \$ Subet \$

If yes, please give details of the sublet:

B) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

C) Does the Insure

3.2 Non-Owned Automobile

A) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please give details:

B) Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? :

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C) Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe:

D) Are vehicles used to transport anyone? ☐ Yes ☐ No

If yes, how often and for what purpose?:

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details:

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details:

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No

If yes, please provide details:

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary);

SECTION 5: LIMITS OF LIABILITY REQUIRED

5.1 Commercial General Liability

Each Occurrence Limit	\$	_____
Products - Completed Operations Aggregate Limit	\$	_____
Personal Injury Limit	\$	_____
Tenants Legal Liability Limit	\$	_____
Medical Expense Limit - Per Occurrence/Per Person	\$	_____
Non-Owned Automobile Limit - Liability	\$	_____
- Physical Damage \$		
Employee Benefits Limit	\$	_____
Employers Liability Limit	\$	_____
Advertising Injury Limit	\$	_____
Other: _____	\$	_____

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

SECTION 7: ADDITIONAL INFORMATION

[illegible]