



CAMP AND CONFERENCE CENTER INSURANCE APPLICATION

1. GENERAL INFORMATION

Name of Insured (as will appear on policy): _____
 Doing business as: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ FEIN#: _____
 Person is: Owner Promoter Agent Other: _____
 Camp Season Phone: _____ Off Season Phone: _____ E-mail: _____

2. Name of Agency/Brokerage: _____
 Contact Person: _____ E-mail: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Camp Web site: _____

3. Insured is: Corporation Partnership Joint Venture For Profit 501 3C Non Profit
 Other (explain): _____

4. Number of years in business: _____ Number of years under present management: _____
 State the location in which the organization is headquartered/chartered: _____

5. Policy period requested: From: _____ To: _____

6. Has your coverage ever been cancelled or non-renewed? Yes No If so, why: _____

7. COVERAGE INFORMATION

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS

8. Location of camp: _____
 Location of off-premises office: _____
 Is off-premises office located in a commercial building or residence? _____

9. List all other operations of the named insured, that are not camp related (ie. missionary work, school, nursery or day care program, church operations, etc.): _____

10. Is the camp accredited by: **ACA:** Yes No **CCCA:** Yes No **Other:** _____
 Are the camp directors accredited? Yes No
 If yes by whom: _____

11. Type of camp (Check all that apply):
 Day Camp Resident Camp Travel Camp Sports Camp Special Needs Adult
 Date camp opens: _____ closes: _____
 Camper days: **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 on additional sheet of paper and list each separately.

Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses? Yes No
 If yes, explain: _____

Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? Yes No

Date of last board of health inspection: _____

14. **TRANSPORTATION**

Is camp responsible for campers transportation to and from camp? Yes No
 Do you allow any camp employees or volunteers to transport campers in their personal vehicles? Yes No
 If yes, please complete the Employee/Volunteer Transportation Questionnaire.
 Does camp hire: vans buses other

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.

Minimum age of drivers who transport campers? _____
 Minimum age of drivers not transporting campers? _____
 Is a fleet safety program in place? Yes No
 If yes, please describe: _____
 Are vehicles ever loaned or given to employees for their use? Yes No
 Who is responsible for maintenance of vehicles? _____
 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: _____

15. **ACTIVITIES**

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

- | YES | ACTIVITY | YES | ACTIVITY | YES | ACTIVITY |
|--------------------------|---|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Adventure program | <input type="checkbox"/> | Go-karts (Go-Kart Operations Minimum Underwriting Guidelines required) | <input type="checkbox"/> | Skateboarding ramps/jumps |
| <input type="checkbox"/> | Alpine skiing | <input type="checkbox"/> | Hayrides (Supplemental required) | <input type="checkbox"/> | Skin or scuba diving (Supplemental required) |
| <input type="checkbox"/> | Archery | <input type="checkbox"/> | Inflatable elements, # _____ | <input type="checkbox"/> | Snow tubing/Sledding (Supplemental required) |
| <input type="checkbox"/> | ATVs/dirt bikes (Supplemental required) | <input type="checkbox"/> | Jumping pad/pillow (Supplemental required) | <input type="checkbox"/> | Trampolines, # _____ (Supplemental required) |
| <input type="checkbox"/> | Bicycling | <input type="checkbox"/> | Mountain boarding | <input type="checkbox"/> | Bungee trampolines, # _____ |
| <input type="checkbox"/> | Back packing | <input type="checkbox"/> | Paintball (Supplemental required) | <input type="checkbox"/> | Tubing |
| <input type="checkbox"/> | Caving | <input type="checkbox"/> | Petting zoo | <input type="checkbox"/> | Water skiing |
| <input type="checkbox"/> | Circus activities | <input type="checkbox"/> | Rappelling | <input type="checkbox"/> | Waterslides over 15' in height, # _____ |
| <input type="checkbox"/> | Cross country skiing | <input type="checkbox"/> | Rifle ranges, # _____ | <input type="checkbox"/> | Whitewater canoeing/kayaking/rafting |
| <input type="checkbox"/> | Farming | <input type="checkbox"/> | Rock climbing/climbing wall | <input type="checkbox"/> | Zip lines, # _____ |
| <input type="checkbox"/> | Fireworks (Supplemental required) | <input type="checkbox"/> | Rope courses | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Field sports | <input type="checkbox"/> | Saddle animals | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Gymnastics | | | | |

Does camp have a safety plan for all activities checked? (If yes, attach copy) Yes No
 Does camp contract with others for program services for any of these activities? Yes No
 If yes, please explain: _____

Are certificates of insurance provided (If yes, attach sample)? Yes No
 Are any contracts signed with these groups (If yes, attach copies)? Yes No
 Do any activities take place off the camp premises? Yes No
 If yes, please explain, including explanation of transportation: _____

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

16. **INFLATABLE ELEMENTS** N/A (ie: moonbounce, water trampoline, iceberg, blob, soft play courses/wibits, etc...)

Type of inflatable (official name): _____
 Average number of participants/campers for each inflatable: _____
 Age group for each inflatable: _____
 Are inflatables: Owned Leased/Rented
 Are inflatables: Kept on premises Taken off premises Both
 Are all employees/lifeguards trained in the operation rules of the inflatable element usage? Yes No
 Are rules posted for all users? Yes No
 How will the unit(s) be protected from unauthorized use? _____

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) _____
 Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.) Yes No
 If yes, please explain: _____
 Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? Yes No

17. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY** N/A

- Are the element(s) maintained at all times (when in use) in at least 6' of water? Yes No
 - Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Yes No
 - Will diving off any of the element(s) be permitted? Yes No
 - Are lifejackets required? Yes No
 - Are the units permanently anchored in the lake/body of water? Yes No
 - Will any element(s) be pulled by a motorboat? Yes No
- Softplay/Wibits — required photos of each element (*include with submission*) and describe each element: _____

18. **SADDLE ANIMALS** N/A

- Number owned or leased: _____ Used at outside stable: _____
- If subcontracted, are certificates of insurance naming camp as additional insured required? Yes No
- Are limits of \$1,000,000 required? Yes No
- If no, explain: _____
- Is safety equipment (*e.g. helmets, heeled boots, long pants, etc.*) required? Yes No
- Are horses available for riding during leased periods? Yes No
- If yes, please explain: _____
- Are instructors CHA certified? Yes No
- Are all saddle animals vaccinated? Yes No

19. **PETTING ZOO** N/A

- What kind of animals? _____
- Are all animals properly vaccinated? Yes No
- Is there a hand washing station? Yes No
- If no, explain: _____

20. **WATERSLIDE** (over 15 feet in height) N/A Number of waterslides: _____

- Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No
- What is the height of each slide? _____
- What is the length of each slide? _____
- Is the slide maintained by a qualified maintenance person? Yes No
- Is head first sliding allowed? Yes No
- Are there signs posted to instruct patrons on proper behavior and riding techniques? Yes No
- If yes, where: _____

21. **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

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: _____

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

Does your pool(s) meet the requirements of the Title XIV of Public Law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-08? Yes No

22. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING** N/A

If your camp provides any of the following activities, please list the **NUMBER** of boats in each category below:

_____ Canoes, rowboats, kayaks, paddleboats, SUPs	_____ Motorboats under 76 HP
_____ Sailboats	_____ Motorboats over 76 HP
_____ Personal Watercraft <i>(e.g. Jet Skis, Waverunners, etc.)</i>	_____ Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft: _____

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

Are campers always accompanied by qualified counselors? Yes No

Are campers ever permitted to operate motorized boats? Yes No

Are lifeguards always in attendance during these activities? Yes No

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

WHITewater N/A

What type: Raft Kayak Canoe Tube

Instructors qualifications or outfitter used: _____

If outfitter, do you obtain certificate of insurance? Yes No

Are you named as Additional Insured on guide's insurance? Yes No

Completely describe any "whitewater" exposures: _____

23. **GYMNASICS** N/A

Floor exercises only? Yes No

List all apparatus used: _____

Is counselor/instructor a certified USGA gymnastics instructor? Yes No

If so, do you require a copy of the certificate? Yes No

If not, explain the instructor's qualifications _____

24. **ROPES COURSES/ZIP LINES** N/A

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

Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? Yes No

By whom (name of ACCT/PVM; AEE; PRCA, vendor used)? _____

Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training): _____

25. **SKATEBOARDING/SKATEPARK** N/A

Is safety equipment (helmet, knee pads, elbow pads, etc.) required? Yes No

If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.) please describe and indicate size of each? _____

If halfpipe, indicate height: _____

How is skatepark protected from unauthorized usage? _____

26. **CLIMBING WALLS/ROCK CLIMBING/RAPPELLING** N/A

NUMBER of indoor climbing walls: Stationary/permanent: _____ Moveable: _____

NUMBER of outdoor climbing walls: Stationary/permanent: _____ Moveable: _____

List equipment used: _____

List counselors/instructors qualifications: _____

MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO HIBBS-HALLMARK & COMPANY, INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant Name: _____

FRAUD WARNING

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO

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.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

Applicable in FL

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.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other 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.

Applicable in ME, TN and WA

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 denial of insurance benefits. *Applies in ME Only.

Applicable in NM

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 civil fines and criminal penalties.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY

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 five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he 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.

Applicable in OK

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.

Applicable in PA

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 such person to criminal and civil penalties.

Applicable in OR

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 the law.

Applicable in VA

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 benefits.

I understand that Hibbs-Hallmark, & Company (HHC), for the insurance company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither that right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules, or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or HHC as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or HHC as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRINT NAME

DATE (MM/DD/YY)

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

DATE (MM/DD/YY)

WORKERS' COMPENSATION INSURANCE APPLICATION

Name of Business: _____

Mailing Address: _____

Contact Person: Phone Number: _____

FEIN#: _____

Legal Status of Business: _____

Corporation 5013C Sole Prop. Partnership Other _____

Primary Work Location Address: _____

Proposed Effective Date: _____ Experience Modifier: _____

Employer's Liability Limits:

- \$100,000 / \$500,000 / \$100,000 (Statutory)
- \$500,000 / \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000 / \$1,000,000

State(s) from which you operate:

Classifications	Estimated Annual Payroll
9015 Camp Operations	_____
8810 Clerical	_____
8809 Executive Officers	_____
8742 Outside Sales	_____
Other: _____	_____

Is a formal safety program in place? Yes No

Claims History (past 5 years): Request 3 or 5 year loss history from current agent and attach.

Signature

Date

COMMERCIAL AUTO INSURANCE APPLICATION

Name of Insured (as will appear on policy): _____

Policy period requested: From _____ To _____

Commercial Auto Coverage Information

* Please complete the attached Drivers Schedule for each possible driver (page 10).

* Please complete the attached Vehicle Schedule for all owned or leased vehicles (page 11).

Desired Limits for Liability and Uninsured/Underinsured Motorists: (check one)

\$500,000 CSL \$1,000,000 CSL

Desired Limit for Personal Injury Protection or Medical Payments: (check one)

PIP or Med Pay \$2,500 \$5,000 \$10,000

List ALL Auto Claims for the Past 3 Years: _____

Is Hired and Non-Owned Liability coverage desired? _____

It is understood and agreed that no insurance is in effect until this coverage request is accepted by the company or companies in writing.

Signature: _____ Date: _____

Title: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilty of a felony of the their degree.

PROPERTY INSURANCE APPLICATION

Name of Insured (as will appear on policy): _____

Policy period requested: From _____ To _____

Property Coverage Information

Please complete the attached Schedule (page 13) for each location described below:

Physical Location #1 Address: _____

Physical Location #2 Address: _____

Check coverages to apply:

Deductible: \$250 \$500 \$1,000 \$2,500

Cause of Loss: Basic Form Broad Form Special Form

Buildings &/or Contents: Blanket Scheduled

Business Income/Extra Expense Limit: _____

Mortgagee, Loss Payee, or Additional Insured: _____

It is understood and agreed that no insurance is in effect until this coverage request is accepted by the company or companies in writing.

Signature: _____ Date: _____

Title: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilty of a felony of the their degree.

