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## Day Camp Supplemental Application

Policy No. \_\_\_\_\_

Named insured: \_\_\_\_\_

Location of Camp: \_\_\_\_\_

Date camp starts: \_\_\_\_\_ Date Camp ends: \_\_\_\_\_

Average number of campers per day \_\_\_\_\_ Number of days per week \_\_\_\_\_

Number of weeks per year \_\_\_\_\_ Total number of camper days \_\_\_\_\_

Age range of campers: \_\_\_\_\_ Ratio of counselors to campers: \_\_\_\_\_

Are special permission slips and waivers obtained from camper's parents?  Yes  No

Explain: \_\_\_\_\_

Do you require all campers to carry Accident Medical Insurance?  Yes  No

Are there any overnight camp activities planned?  Yes  No If yes, explain: \_\_\_\_\_

Who will provide lunches and snacks for the campers? \_\_\_\_\_

Will there be cooking on premise?  Yes  No If yes, explain: \_\_\_\_\_

Do any activities take place off the insured premise?  Yes  No If yes, explain: \_\_\_\_\_

Please explain transportation: \_\_\_\_\_

Vans  Bus  Hired vehicle  Other: \_\_\_\_\_

Do you own the vehicles?  Yes  No If so, do you have a commercial auto policy in place?  Yes  No

Does the camp allow any employees or volunteers transport campers in their personal vehicles?  Yes  No

If yes, describe: \_\_\_\_\_

Check ALL camp activities: *(additional underwriting information may be required)*

\* Please attach a copy of the safety plan for these activities.

\*\* **These activities are excluded.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Archery                 | <input type="checkbox"/> Ballooning**                | <input type="checkbox"/> Baseball                      |
| <input type="checkbox"/> Bicycle Trips           | <input type="checkbox"/> Boating                     | <input type="checkbox"/> Boxing**                      |
| <input type="checkbox"/> Bungee Jumping**        | <input type="checkbox"/> Canoeing                    | <input type="checkbox"/> Caving*                       |
| <input type="checkbox"/> Ceramics/Pottery        | <input type="checkbox"/> Cheerleading*               | <input type="checkbox"/> Diving                        |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Fireworks Displays at Camp* | <input type="checkbox"/> Fitness Training              |
| <input type="checkbox"/> Flying**                | <input type="checkbox"/> Football (tackle) **        | <input type="checkbox"/> Football (touch or flag)      |
| <input type="checkbox"/> Go Karts*               | <input type="checkbox"/> Gymnastics*                 | <input type="checkbox"/> Hang Gliding**                |
| <input type="checkbox"/> Hockey, Ice**           | <input type="checkbox"/> Horseback Riding            | <input type="checkbox"/> Hunting**                     |
| <input type="checkbox"/> Ice Skating             | <input type="checkbox"/> Jet Skiing                  | <input type="checkbox"/> Kayaking                      |
| <input type="checkbox"/> Martial Arts*           | <input type="checkbox"/> Mountain Biking*            | <input type="checkbox"/> Paintball*                    |
| <input type="checkbox"/> Parasailing**           | <input type="checkbox"/> Rock Climbing*/Rappelling   | <input type="checkbox"/> Rocketry, Model rockets       |
| <input type="checkbox"/> Roller Skating/In-Line  | <input type="checkbox"/> Skating                     | <input type="checkbox"/> Ropes Course/Climbing Towers* |
| <input type="checkbox"/> Rugby*                  | <input type="checkbox"/> Sailing                     | <input type="checkbox"/> Sail Boarding                 |

Check ALL camp activities: (additional underwriting information may be required) (Continued from previous page)

\* Please attach a copy of the safety plan for these activities.

\*\* These activities are excluded.

- Scuba Diving\*, Shooting/Rifle Range, Skateboarding\*, Skiing, Cross Country, Skiing, Downhill/Alpine\*, Skiing, Water, Sky Diving\*\*, Surfing\*\*, Trampoline\*\*, Wall Climbing, Water Blobs\*, Water Trampoline\*, Whitewater Rafting\*, Windsurfing\*, Woodworking\*, Wrestling\*, Other, including extreme sports: (Describe):

Does the camp have a safety plan for all activities listed above? Yes No, If yes, please attach a copy.

Are campers always attended by counselors? Yes No

What % of campers have special needs?

If any campers have special needs, is the entire staff informed about the limitations/abilities of the special needs campers regarding activities, diet, medical requirements, etc? Yes No

What is the minimum age of the counselors?

Do the counselors have CPR training? Yes No

Describe formal training, certification or previous experience of counselors?

Are criminal background checks performed on all personnel working with the children? Yes No

What service provides the background checks?

What measures are taken to prevent allegation of sexual abuse at your camp?

If your camp will NOT involve the use of a swimming pool or other body of water please skip to the bottom of the application on the next page for signature and date.

Will the camp involve the use of a swimming pool? Yes No

Who owns the pool?

Is the swimming facility: Private Public Lake Ocean Other:

Is it (check all that apply): On premises Off premises Above Ground Below Ground Indoor Outdoor

Are pool depths marked? Yes No

If pool is outdoors, is it completely fenced with at least a 5 foot fence? Yes No

Are gates locked when pool is not in use? Yes No

Are all chemicals kept in a dry, ventilated, locked storage area? Yes No

Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No

Do you loan or rent the pool to outside groups or individuals? Yes No

If yes, do you require them to sign a hold harmless agreement in your favor? Yes No

If yes, do you require a certificate of insurance & additional insured status on their policy? Yes No

If yes, do you provide the lifeguards? Yes No

If the facility you use is off premises, are you required to sign a contract? Yes No

If yes, do you hold the facility owners harmless in their favor? Yes No

Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)? Yes No

If yes, how many? If yes, who certifies the lifeguards?

Who supplies the lifeguards?

What is the lifeguard to swimmer ratio during swim times? \_\_\_\_\_ Lifeguards to \_\_\_\_\_ Swimmers

Do you document all lifeguard in-service training? Yes No

Is there a diving board? Yes No If yes, what is the height (in feet)? \_\_\_\_\_

What is the depth of the water in the diving area? \_\_\_\_\_ feet

Is the diving area clearly marked? Yes No

Does the diving area extend out at least 16 feet from the end of the diving board? Yes No

Is there a water slide? Yes No

If yes, please list in feet: height: \_\_\_\_\_ length: \_\_\_\_\_ depth of water where slide enters: \_\_\_\_\_

**Please attach rules for use of the water slide.**

Do you have water structures like water trampolines, blobs, inflatable platforms, etc? Yes No

If yes, list the type(s) of structure(s): \_\_\_\_\_

If facility is a **lake or body of water other than a pool** and is used for activities other than swimming, is the swim area separated and clearly marked? Yes No

Do you test each swimmer's swimming ability prior to allowing them to use the facility? Yes No

Do non-swimmers wear a visible identification? Yes No

Are facility rules posted? Yes No Do the rules meet all state and local regulations? Yes No

**Note:** Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fraud Warning:** 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_