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| ***ENTITY INFORMATION*** |
| Named Insured: |  |
| ***CAMP INFORMATION*** |
| Location of Camp: |  |
| Type of Camp: |  |
| Camper Days:  |       |
| Is the camp accredited by the ACA? | [ ]  Yes [ ]  No |
| Are the camp directors accredited? | [ ]  Yes [ ]  No | By Whom: |  |
| If a resident camp, how long is the average stay?       |
| Age range of campers:  | Are campers separated by age?  | [ ]  Yes [ ]  No |
| Average number of campers: |  | Number of days per week: |  |
| Are camp sessions designed for those with physical or mental challenges or illnesses?(If yes, please complete the Special Needs Supplement) | [ ]  Yes [ ]  No |
| Date of the last Board of Health exam:  |
| Do employees or caretakers live on premises all year round?  | [ ]  Yes [ ]  No |
| How many cabins or dwellings are occupied year round?  |
| Are certified medical personnel on premises during camp? | [ ]  Yes [ ]  No |
| Please list medical personnel:  |
| Does the camp obtain medical permission slips? | [ ]  Yes [ ]  No |
| Does the camp require details regarding prescription medicines used by campers? | [ ]  Yes [ ]  No |
| Do you carry accident insurance for all campers? | [ ]  Yes [ ]  No |
| Does the camp require a consent form signed by each camper and their parent or guardian? | [ ]  Yes [ ]  No |
| Describe the cooking facility:  |
| Is there a fire protection system over all cooking surfaces? | [ ]  Yes [ ]  No |
| Are there fire hydrants on or near the premises? | [ ]  Yes [ ]  No |
| Do all sleeping rooms have smoke detectors? | [ ]  Yes [ ]  No |
| Do you have bonfires? | [ ]  Yes [ ]  No |
| Do you have a fire plan?  | [ ]  Yes [ ]  No | Do you have an evacuation plan? | [ ]  Yes [ ]  No |
| ***COUNSELOR INFORMATION*** |
| Ratio of counselors to campers:  |
| Are campers always attended by counselors? | [ ]  Yes [ ]  No |
| Minimum age of counselors:  |
| Are the counselors required to complete specified training? | [ ]  Yes [ ]  No |
| Percentage of counselors that return from the previous year:  |
| ***OUTSIDE ENTITIES*** |
| Is the camp ever leased to outside entities?If yes, do you require a certificate of insurance naming the camp as additional insured? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are contracts or agreements signed with these entities? Please attach samples. | [ ]  Yes [ ]  No |

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| ***ACTIVITIES*** |
| ***CLASS A*** |
| [ ]  Ice Skating[ ]  Alpine Skiing or Cross Country Skiing[ ]  Skateboarding | [ ]  Bicycling (**not** including Extreme Mountain Biking)[ ]  Backpacking or Hiking  |
| ***CLASS B*** ***\*Note: Camps with 3 or more Class B activities may not be eligible for coverage in NPIP\**** |
| [ ]  Archery/Target Range[ ]  Shooting/Rifle Range[ ]  Paintball[ ]  Gymnastics[ ]  Sports[ ]  Lacrosse [ ]  Hockey [ ]  Martial Arts [ ]  Wrestling [ ]  Tackle Football[ ]  Surfing[ ]  Adventure Programs, please describe:  | [ ]  Giant Swing[ ]  Caving (Exploring or Spelunking)[ ]  Extreme Mountain Biking [ ]  Rock Climbing[ ]  Mountain Climbing[ ]  Aqua Swing [ ]  Diving (Cliff, Scuba, Competitive)[ ]  Waterslide over 15’ high[ ]  Kite Boarding[ ]  Zip Lines |
| **For any activity listed below, please include the appropriate supplement:** [ ]  Equestrian Activities [ ]  Challenge Courses/Ropes Courses [ ]  Water ActivitiesWater Trampolines, Motor Boarding Activities, White Water Rafting, Swimming (lakes, ponds, beaches, rivers)[ ]  Motorized VehiclesATVs, Motorized Biking, Go-Karts [ ]  Swimming (in pool only) |
| Have all counselors received training for the Zackery Lystedt Law? | [ ]  Yes [ ]  No |
| Does the camp have a written safety plan for all checked activities?(If yes, please attach for all activities marked above) | [ ]  Yes [ ]  No |
| Does the camp broker have a contract with others for any of the activities marked? If yes, please explain:      | [ ]  Yes [ ]  No |
| Do you require certificates of insurance from all brokered activity providers? | [ ]  Yes [ ]  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

451 DIAMOND DRIVE briche@chooseclear.com

EPHRATA, WA 98823