



CAMP SUPPLEMENT

If none, check here.

Named Insured: _____ Policy No. If Renewal _____

1. The camp is operated from _____ to _____. Camp Receipts _____
Month/Date Month/Date
2. The hours of the camp are from _____ to _____, _____ days per week.
3. Are overnight accommodations provided? Y N
4. Are meals prepared and/or provided by you? Y N
5. Ages of campers? _____.
6. Are there any campers who are physically or emotionally handicapped? Y N
7. Number of campers per day per week. _____/_____.
8. Number of campers that are not regular students per day per week _____/_____.
9. Number of adult supervisors? _____
10. There are _____ supervisors under the age of 18.
11. What are the ages of the counselors? _____. What type of training do they receive?

12. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of, child abuse? Y N
13. How are medications kept and distributed to children with prescription/non-prescription needs? Y N
14. Campers are under adult supervision at all times. If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? Y N

15. All equipment and buildings are maintained in a safe, clean condition and in good repair. Indoor and outdoor environments are safe, clean and spacious. Y N

16. Is there a swimming pool? Y N If the answer is yes, answer the following.

Is the pool fenced? Y N Depth _____. Is there a diving board? Y N

Is there a lifeguard on duty? Y N

What type of certification is required of the lifeguard? _____

Are swimming lessons given? Y N

What type of certification is required of the instructor? _____

17. There are ____ fire extinguishers in the buildings in which the campers will be conducting activities.

18. All poisonous/toxic materials are kept under lock and key and out of children's reach. Y N

19. Detail all camp activities _____

20. Are there any off premises activities? Y N

If yes, describe in detail _____

21. Do you provide transportation to campers for any reason? Y N

If yes, we will require a COI from your auto carrier and complete driver information of all drivers.

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____