



Day Camp Questionnaire

Named Insured:
Location Address:

Policy #:

A. Insured

- Years of camp operation experience:
- Do you offer: Day Camps: Yes No Overnight Camps: Yes No
If yes, please fill out the Overnight Questionnaire
- Camp season dates: Open: Closes:
- Length of each session:
- Number of camp sessions during camp season:
- Estimated number of campers per camp session:
- Minimum age of campers:
- Session rate per student:
- Gross receipts for all camp activities for camp season:
- Do you serve: Breakfast Lunch Dinner Snacks None
Is food: Purchased prepackaged Catered Prepared on site

B. Activities

- Besides horse activities, list and describe other camp activities offered by your camp:
- Is there any time during the day when the campers are unsupervised? Yes No
If yes, describe:
Please Note: This could be excluded upon review by Underwriter
- Is swimming by campers permitted in a pool or lake? Yes No
- Is the pool fenced? Yes No

5. Any other water related activities? Yes No

If yes, describe:

Please Note: This could be excluded upon review by Underwriter

C. Horse Activities

1. Number of horses available for campers?

2. What is the maximum number of horses ridden by campers at any one instruction session?

3. Are there any volunteers? Yes No

4. Do you require a Hold Harmless Agreement for employees or volunteers? Yes No

5. What safety equipment is used?

6. What clothing is required for campers? Helmets? Yes No

7. Briefly describe all horse related activity besides riding instructions:

D. Camp Requirements

1. Is a release form or waiver signed by your camper's parent or guardian? Yes No
(attach a copy of the release in use to this application)

2. Do you require campers to carry major accident-medical insurance coverage and to provide you with the name of the insurance company & policy number? Yes No

3. Do you have any written emergency procedures? Yes No

Do these procedures include medical emergencies? Yes No

4. Do you administer any medications? Yes No

If yes, describe:

5. Is anyone certified in CPR / First Aid? Yes No

Insured signature:

Date:

Agent's signature:

Date: