



# Overnight Camp Questionnaire

Named Insured:  
Location Address:

Policy #:  
Effective Date:

**Answer all questions. Put N/A for any that are not applicable to your camp or activity. This form must be used in conjunction with the Day Camp Questionnaire if days camps are conducted.**

Student/Club/Other - Pertaining to RV, tent or other type of accommodation:

1. Number of years of camp operation experience?
2. Number of overnight camps annually?
3. Gross annual overnight camp receipts: \$
4. Is the camp for members only? Yes  No
5. How many non-members?
6. What type of camping?  RV  Tent  Other (Bunkhouse, barn)  
Describe:
7. Length of each overnight camp session:
8. Where is the campsite in proximity to other buildings/structures?
9. Do you provide hook ups? Yes  No   
Describe:
10. Estimated number of campers  
RV                  Tent                  Other
11. Minimum age of campers?
12. Do you prepare &/or serve food to campers? Yes  No
13. Is the food prepackaged? Yes  No
14. Catered? Yes  No
15. Do you provide or allow alcohol? Yes  No   
Describe:

16. Is swimming in a pool, lake or stream permitted? Yes  No

Describe:

17. Is the pool fenced &/or have a diving board or slide? Yes  No

18. Is there life saving equipment &/or a lifeguard on duty? Yes  No

Describe:

19. Do you provide restrooms, showers or other amenities for the campers? Yes  No

Describe:

20. Do you allow fires? Yes  No

Open or contained?

21. Is there fire suppression equipment or water available?

22. Where will the horses be kept?  Stalls  Corrals  Temporary Fencing  Other

Describe:

23. Besides horse activities, describe any other activity taking place such as entertainment, dances, other:

**Camp Requirements: A hold harmless agreement must be signed by each camper or participant. Attach a copy of the release to this questionnaire.**

Insured signature:

Date:

Agent's signature:

Date: