



# CAMP RENEWAL APPLICATION

### Instructions

- Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
- All application questions must be fully answered. If a question does not apply, please write "N/A".
- If more space is needed, continue on a separate sheet of your letterhead and indicate the question number.

### I. General Information

1. Name of Applicant: \_\_\_\_\_  
(Provide names of all legal entities past and present that are intended for coverage. This would include any additional entities acquired this past year).
2. Do you want to change your current insurance structure?  Yes  No
3. Has the applicant had any change to their business operations over the past 12 months?  Yes  No  
If "Yes" have the exposures and losses been included with this application?  Yes  No
4. Are there any plans to acquire other facilities within the next 12 months?  Yes  No
5. Has there been any change in where services are provided?  Yes  No

**If the answer is "yes" to any of the above, provide details on a separate sheet of your letterhead.**

6. Please attach a copy of the Camp Brochure
7. Does the camp carry commercial general liability insurance and auto insurance?  Yes  No  
If yes, submit a Certificate of Insurance with this application.
8. Dates of Camp: \_\_\_\_\_
9. Number of Years in Business: \_\_\_\_\_
10. Is the Camp Accredited by the American Camp Association?  Yes  No  
If yes, please provide most recent accreditation report.

### II. Demographics

1. Is the camp a:  day camp?  overnight camp?
2. How many children are expected? \_\_\_\_\_  
Age Range of Children? \_\_\_\_\_
3. Co-ed:  Yes  No
4. How many adult campers are expected? \_\_\_\_\_
5. Ratio of Children to Supervising Adults? \_\_\_\_\_
6. Estimated Number of Campers per Day \_\_\_\_\_
7. Number of days per week: Weeks per year: \_\_\_\_\_
8. Camp Fee per Camper, per week: Estimated Gross Receipts: \_\_\_\_\_
9. Do family members of patients attend the camp?  Yes  No

### III. Medical Services

1. Medical Scope of Camp (check all that applies)
 

<input type="checkbox"/> Weight loss	<input type="checkbox"/> Behavioral problems	<input type="checkbox"/> Court ordered
<input type="checkbox"/> Developmentally disabled	<input type="checkbox"/> Mental health	<input type="checkbox"/> Alternative health
<input type="checkbox"/> Other _____		
2. Diagnoses treated: \_\_\_\_\_
3. Medical procedures/treatments provided: \_\_\_\_\_
4. Invasive procedures: \_\_\_\_\_



5. Health Records (check all that apply)

- Pre-camp health examination       Allergies       HIPAA Agreement
- Physician authorization       Consent       Guardian signed Release Form
- Medication record      (If yes, please attach a sample copy.)

6. Camp Physician

- a. Is the camp physician:     Employed     Contracted?
- b. Is there a written contract with the physician that includes hold harmless clauses?       Yes     No
- c. Does the physician carry medical malpractice insurance?       Yes     No  
If yes, what limits?    \$ \_\_\_\_\_ each claim    \$ \_\_\_\_\_ Aggregate
- d. Is there a physician living at camp all season?       Yes     No  
If no, what is the travel distance for the physician to camp? \_\_\_\_\_  
If no, is there a physician On Call?       Yes     No  
If yes, how far away: \_\_\_\_\_
- e. Does the camp utilize standing orders?       Yes     No

7. Emergencies

Is there a written emergency agreement with a hospital for camp related emergencies?       Yes     No  
How close is the nearest hospital? \_\_\_\_\_

8. Infirmary

- a. Hours: \_\_\_\_\_
  - b. How many Beds in your Camp Infirmary? \_\_\_\_\_
  - c. Is there a licensed nurse on premises at all times?       Yes     No
  - d. Staffing (check all that apply)
- |  |  |                       |
|--|--|-----------------------|
| Physician  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # if applicable |
| Registered nurse                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # if applicable |
| Licensed vocational/practical nurse                | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # if applicable |
| Advanced first aider/ emergency medical technician | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # if applicable |

III. Volunteers

- 1. Volunteers:       Yes     No  
If yes, how many? \_\_\_\_\_
- 2. Are criminal background checks conducted on all volunteers       Yes     No

IV. Transportation

- 1. Do outside camp activities require bus/van transportation?       Yes     No
- 2. Is transportation provided by camp owned/leased vehicles or an outside organization?
- 3. Is healthcare staff required to accompany campers during outside camp activities?       Yes     No
- 4. If transportation is arranged by an outside organization, submit a Certificate of Insurance from the transportation company.

V. Water Bodies

- 1. Are there any bodies of water at the campground?       Yes     No  
If yes complete the following section.
- a. What water activities are planned? \_\_\_\_\_



b. Does the camp utilize a pool?  Yes  No

If yes:

Pool length	Pool depth	Depth markings clearly indicated?	Is pool fenced?	Height of fence?
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

c. Does the camp utilize a lake?  Yes  No

If yes:

# of Diving Boards	# of Sliding Boards	Height of Each Sliding Board	Depth of Water where Sliding Board Enters	Depth of Water in Diving Area	Is Depth Uniform throughout Diving Area?
					<input type="checkbox"/> yes <input type="checkbox"/> no

d. Is there a buddy system in place for swimmers?  Yes  No

e. How many Water Safety Instructors are employed? \_\_\_\_\_

f. How many certified Lifeguards are employed? \_\_\_\_\_

### VI. Activities

1. Are the Following Activities Offered to Campers During Recreational Periods? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Go Karts   | <input type="checkbox"/> Tackle Football |
| <input type="checkbox"/> Hockey   | <input type="checkbox"/> Trampolines     |
| <input type="checkbox"/> Horseback Riding   | <input type="checkbox"/> Waterskiing     |
| <input type="checkbox"/> Motorbikes, Motorcycles, Minibikes or All-Terrain Vehicles | <input type="checkbox"/> Watercraft      |
| <input type="checkbox"/> Riflery  |  |

If Watercraft is checked, explain type & number of vessels used & owned or leased: \_\_\_\_\_

If the camp has watercraft how many watercraft in excess of 26 feet? \_\_\_\_\_

Other: \_\_\_\_\_

2. Do you contract with any others for Program Services for any of these activities?  Yes  No

If yes, please explain. \_\_\_\_\_

3. Are  Instructors,  Professional Employees or  Professional Independent Contractors to be covered?

### VII. Claims

Provide an updated loss history dated within 60 days for the past 5 years (including the current year) on a report-year basis. Loss data must include the incident/occurrence date, report date/claim made date, expense payments, indemnity payments, expense reserves, indemnity reserves, description of allegation and close date.



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**AUTHORIZATION**

**Signature in full**

**Date**

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**Name - please print**

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Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies.  
CNA is a registered service mark and trade name of CNA Financial Corporation.**