CHILDREN'S CAMPS

PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

_____

_____

2. **Mailing Address:**

_____

Website Address: _____ **Phone No.** _____

3. **Name and address of facility:** _____

4. Describe applicant's experience in this industry:

_____

5. How long has applicant been in business:
Attach advertising pamphlet/brochure. _____

6. Type of camp:

A. ☐ Day Camp ☐ Residential Camp (Avg. length of stay _____ Days)

B. ☐ Private ☐ Institutional ☐ Organization

7. How are campers accommodated? _____

Parental consent form with release/waiver? ☐ Yes ☐ No
If Yes, attach copy.

Age range of campers: _____ Average no. of campers per day: _____

No. of days per week in operation: _____ No. of weeks per year: _____

Date camp opens: _____ Date Camp closes: _____

8. Annual receipts: _____ Total payroll: _____

Total No. of employees: _____ Total No. of Volunteers: _____

Are all employees covered under WSIB? ☐ Yes ☐ No
If "No", please list numbers by job description and estimated payroll:

_____

9. Are campers always attended by counselors? ☐ Yes ☐ No

Minimum age of counselors _____ Minimum ratio of counselors to campers: _____

Percentage of counselors returning from previous years: _____ %

What training is given to counselors:

_____

What training, certification or experience are counselors required to have?

_____

Are police/criminal background checks performed on counselors?

_____

10. List all buildings located at the Camp with details of construction. (Construction and protection (e.g. fire alarms, etc.) (Please attach a site plan showing all facilities)

_____

Who is responsible for maintaining buildings and other facilities?

Are any of facilities open to the public ☐ Yes ☐ No
If Yes, please describe.

11. List all activities or sports which campers can take part in. Specify whether on or off premises.

Are any of above contracted out to subcontractors? Please list.

Do you require all sub-contractors (including maintenance and facility providers) to provide Certificates of Insurance providing evidence of Third Party Insurance? ☐ Yes ☐ No
If No, please explain:

12. Are there any swimming facilities? ☐ Yes ☐ No
If Yes, please provide description:

	Roped Off Area	Maximum Depth	Minimum Depth
Lake	☐ Yes ☐ No		
River	☐ Yes ☐ No		
Sea	☐ Yes ☐ No		
Pool	☐ Yes ☐ No		

Any diving boards or waterslides? ☐ Yes ☐ No
Specify where and height:

Any warning signs/rules posted? ☐ Yes ☐ No
Describe, if any:

Any nighttime swimming allowed? ☐ Yes ☐ No

Are lifeguards always in attendance? ☐ Yes ☐ No
If No, please explain:

Are all lifeguards qualified e.g. Red Cross or similar? ☐ Yes ☐ No

13. List all watercraft (if any):

Type	Usage	No. of Each	Length	HP of Motor, If any	Owned	Leased	Other

Are life jackets mandatory? ☐ Yes ☐ No

Lifeguards in attendance? ☐ Yes ☐ No

"Crash"/Safety boats available? ☐ Yes ☐ No

14. Are premises inspected by Health Authority? ☐ Yes ☐ No
If Yes, date of last inspection:

☐ Satisfactory ☐ Unsatisfactory

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15. Are all campers required to obtain medical certificates from their family doctors? ☐ Yes ☐ No

Medications

Do you keep records of any allergies or special requirements for campers? ☐ Yes ☐ No
Please describe:

Are EPIPENS available at all times and and are staff trained how to use them? ☐ Yes ☐ No

Where is the nearest medical facility? _____ Distance : _____

Is there any qualified nurse or other medically-trained person in attendance at the camp? ☐ Yes ☐ No
Please describe:

_____

Do you have a written emergency plan in the event of illness or injury sustained by a camper? ☐ Yes ☐ No
Describe and provide copy.

_____

If food and drinks are supplied, who prepares the food? _____

Who inspects the kitchen and how often? _____

Are any special dietary requirements such as food allergies of campers properly recorded and food preparers made aware of them? ☐ Yes ☐ No
Please describe process:

_____

16. Does applicant presently carry insurance? ☐ Yes ☐ No
If Yes, who is the present insurer:

_____

Premium: $ _____ Limit: $ _____

Is the present insurance Claims Made? ☐ Yes ☐ No
If Yes, state retro date: _____

Are they willing to renew? ☐ Yes ☐ No
If No, please explain:

Does the policy cover all operations of the Insured? ☐ Yes ☐ No
If No, please describe:

17. **Claims History:**

Include total costs from ground up for each claim, whether Insured or not, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

		AMOUNT				
Date of Occurrence	**Describe Occurrence And Injury or Damage**	**Reserve**	**Paid**	**Expenses**	**Deductible**	**Status**

Are you aware of any other incidents which may result in claims against you? ☐ Yes ☐ No
If Yes, give details:

18. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: $ _____

Estimated annual cost of automobiles operated under contract: $ _____

(Please provide details):

19. **Accident Prevention and First Aid**

First Aid Post: Doctors: _____ Full Time _____ Part Time _____

Nurses: _____ Full Time _____ Part Time _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: ☐ Yes ☐ No

Injury/incident report form used? ☐ Yes ☐ No
If Yes, attach copy.

20. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative) Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:
www.markelinternational.ca