



Camps New Business Questionnaire

Camp Name _____ **FEIN #** _____

Executive Staff

Name of CEO: _____

Years as CEO: _____ Total years with this camp: _____

Prior organization/camp: _____ Total years with this camp: _____

Professional Social Services Staff

How many people work at the camp in the following capacities?

Licensed/Certified Social Workers: _____ Licensed/Certified Counselors: _____

Other Professional Staff

How many people work at the camp in the following capacities?

- | | |
|---|------------------------------|
| _____ EMTs | _____ Employed Nurses |
| _____ Physical Therapists | _____ Volunteer Nurses |
| _____ Personal Trainers | _____ Contracted Nurses |
| _____ Physicians | _____ Employed Masseuses |
| _____ Volunteer Physicians | _____ Contracted Masseuses |
| _____ Registered Dietitians/Nutritionists | _____ Staff who handle money |

Operations

List individual locations and give a brief description (e.g. day/resident camp, off-site programs, offices, etc.).

Location Name (or attach schedule)	City, State	Description

Operations Continued

Is your camp accredited by the American Camp Association? Yes No

If yes, what is the date of the last visit? _____

Annual Revenue \$ _____

Total number of employees: _____ Full time: _____ Part time: _____

Total number of volunteers: _____

Ratio maintained at all locations of counselors to campers is: # _____ counselors for # _____ campers

Are any dams located on the camp property? Yes No

If yes, please specify the number: _____

Please submit a copy of the most recent dam inspection report.

Total number of saunas at your camp: _____ How many have sprinklers installed in them? _____

Is artificial turf present on the premises? Yes No

Is there a dock on the premises? Yes No

Do you have any air-supported structures (e.g. pool bubbles, tennis or gold domes)? Yes No

If yes, please specify the number: _____

Has the camp had an abuse allegation in the past? Yes No

If yes, please describe: _____

With respect to your camp medical facility/health center:

Are written instructions from parents required? Yes No

Does staff administer all medications? Yes No

Is a log kept to record each time a medication or treatment is administered? Yes No

Waivers

Please attach any waivers the organization uses.

Does your organization use waivers? Yes No

Are the waivers electronic or paper? (can select both)

Electronic

How are they signed? _____

Paper

How are they stored? _____

Is every adult member required to sign a waiver? Yes No

Does the waiver cover all programs? Yes No

Is every member under 18 years of age required to have a waiver signed by their parent/guardian? Yes No

Are adult guests required to sign a waiver? Yes No

Are the waivers general or program specific?

General

Program Specific

Are guests under 18 years of age required to have a waiver signed by their parent/guardian? Yes No

Has an attorney or local counsel reviewed and approved your organization's waiver(s)? If yes, attach approval documentation. Yes No

Do all waivers include COVID-19 and/or communicable disease language? Yes No

Are you currently using or planning to use signs in your facility regarding COVID-19 safety measures? Yes No

If yes, please attach a photo of the posted sign.

Programs

Total number of resident camps: _____ Dates of operation: _____

Address of Each Camp Location (or attach schedule)	Average Daily Attendance (current yr)	Average Daily Attendance (last year)	Average Daily Attendance (2 yrs ago)	# of Days Camp is Open (current yr)	# of Days Camp is Open (last year)	# of Days Camp is Open (2 yrs. ago)	Age Range of Campers

Total number of day camps: _____ Dates of operation: _____

Address of Each Camp Location (or attach schedule)	Average Daily Attendance (current yr)	Average Daily Attendance (last year)	Average Daily Attendance (2 yrs ago)	# of Days Camp is Open (current yr)	# of Days Camp is Open (last year)	# of Days Camp is Open (2 yrs. ago)	Age Range of Campers

Modes of operation (check all that apply):

- User Groups/Rentals Trip/Travel Special Needs
 Social Service Program Campgrounds

Seasons of operation (check all that apply):

- Summer Fall Winter Spring

Programs Continued

Do you rent your camp facilities to outside groups? Yes No

If yes, answer the following:

Please provide annual gross receipts for all rentals: _____

Is a written lease/contract required for all user groups? Yes No

Approximate number of user-group participants: _____

Describe the level of supervision provided by camp: _____

Mark all activities offered at camp locations:

General

- Archery
- Skate Park
- Riflery/BB
- Boating
- Trampolines

Winter Sports

- Snowboard
- Alpine Ski
- Cross Country Ski
- Ice Skating
- Snow Mobiles
- Tubing Hill

Adventure Programs

- Low Ropes Course
- High Ropes Course
- Climbing Wall
- Lead Climbing
- Zip Line
- Alpine Tower
- White Water Rafting

Equestrian

- Riding
- Grooming
- Pony Rides
- Jumping
- Vaulting
- Rodeo Activities

List any other activities not listed above: _____

Do campers sign a waiver of liability? Yes No

What percentage of activities are off-site? _____ %

Number of boats in use:

Sailboats less than 21 feet: _____ Sailboats 21+ feet: _____

Motorboats less than 26 hp: _____ Motorboats 26+ hp: _____

Please answer the following regarding equestrian exposure:

Number of saddle animals camp owns: _____ Number of saddle animals camp leases: _____

Those who handle the horses: # _____ Camp Staff # _____ Contractors

What certifications/training are required of equestrian staff? _____

Is there a separate Equestrian Waiver? Yes No

Programs Continued

If wilderness camping, do you have an emergency communication plan? Yes No

If yes, please describe: _____

Special Needs

If special needs camping, please answer the following:

Percentage of campers with special needs: _____ %

Percentage of staff with relevant experience to the special needs being served: _____ %

Are staff informed of the abilities of the campers with special needs regarding activities, sleeping arrangements, diet, medical requirements, etc.? Yes No

Are independent contractors used to supervise/instruct campers with special needs? Yes No

If yes, is a contract/agreement with waiver language signed? Yes No

Swimming Pools and Waterfronts

Total number of pools/outdoor bodies of water used for swimming at your camp: _____

Location Address	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water

Please note that all outdoor pools must be listed separately on the Statement of Values.

Are all swimming pools compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, please provide time table and action plan: _____

How many pools are not VGB compliant? _____

Swimming Pools and Waterfronts Continued

Please check any and all of the features available at the above listed pools/bodies of water:

- | | | | |
|---|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Waterslide (over 15 ft.) | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Current Channel | <input type="checkbox"/> Flow-Rider |
| <input type="checkbox"/> Vortex Pool | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board | <input type="checkbox"/> Splash Pad |
| <input type="checkbox"/> Water Trampoline | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Rope Swing | <input type="checkbox"/> Blob |

List any other features not listed above: _____

Management Controls

Approximate number of camp counselors employed each season:

_____ Summer _____ Fall _____ Winter _____ Spring

Number of international staff: _____

Is an agency used for international staffing? Yes No

If yes, please attach contract.

Have all staff completed sexual abuse prevention training? Yes No

If yes, upon hiring? Yes No

And/or during employment? Yes No

How often? _____

Does the camp instruct staff members to avoid being alone with a child? Yes No

Does the camp operate programs where staff may work one-on-one with a camper? Yes No

If yes, describe the program(s): _____

Americans with Disabilities Act Controls

Has your camp (including all locations/operations) had a formal ADA audit by a qualified consultant? Yes No

If yes, were formal recommendations submitted? Yes No

Has your camp (including all locations/operations) received any written ADA complaints from members, patrons, guests and/or employees in the past five years? Yes No

If yes, is a record kept of such complaints and their resolution? Yes No

Have your employees and/or volunteers been trained to report any non-written ADA related complaints? Yes No

If yes, is a record kept of such reports and their resolution? Yes No

How often does your camp (including all locations/operations) review current ADA related policies and procedures, facility access, job descriptions, job accommodation processes and training for managers and staff? _____

Housing

Number of dwellings located on the insured property: _____

Number of dwellings that are occupied year-round: _____

Number of dwellings that are leased to staff/other: _____

Commercial Cooking

List locations where commercial cooking is performed.

Address (or attach schedule)	Is there a suppression system?		Is there an automatic fuel shut off?		Is cleaning of hood and duct contracted out?	
	Yes	No	Yes	No	Yes	No

Automobile

Are volunteers and/or staff allowed to drive camp vehicles? Yes No

Number of volunteers at all locations who regularly use their own autos to transport social service clients in connection with your programs: _____

Are MVRs checked on all drivers? Yes No

If yes, how often? At hire only Annually

Are international staff allowed to drive on camp business? Yes No

Are children transported? Yes No

If yes, please describe: _____

How many vehicles are used? _____

Types of vehicles used: _____

Does your organization ever utilize 12/15 passenger vans? Yes No

If yes, please describe how these vans are used. _____

Who drives the vehicles (e.g. camp staff, contractors, etc.)? _____

Other than the driver, are there additional staff on vehicle to supervise riders? Yes No

Are Certificates of Insurance obtained for all volunteers/staff who drive their automobiles for camp business? Yes No

If yes, what automobile limits are they required to carry? _____

Does your camp ever outsource transportation to local companies? Yes No

If yes, what is the annual cost of hire? _____

Please attach a copy of the Certificate of Insurance obtained from the transportation company.

Fraud Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA or WV – see additional Fraud Notices for these states below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (not applicable in North Carolina). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You can apply your signature to this form electronically by checking the Electronic Signature and Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

Form revised 8/3/2020