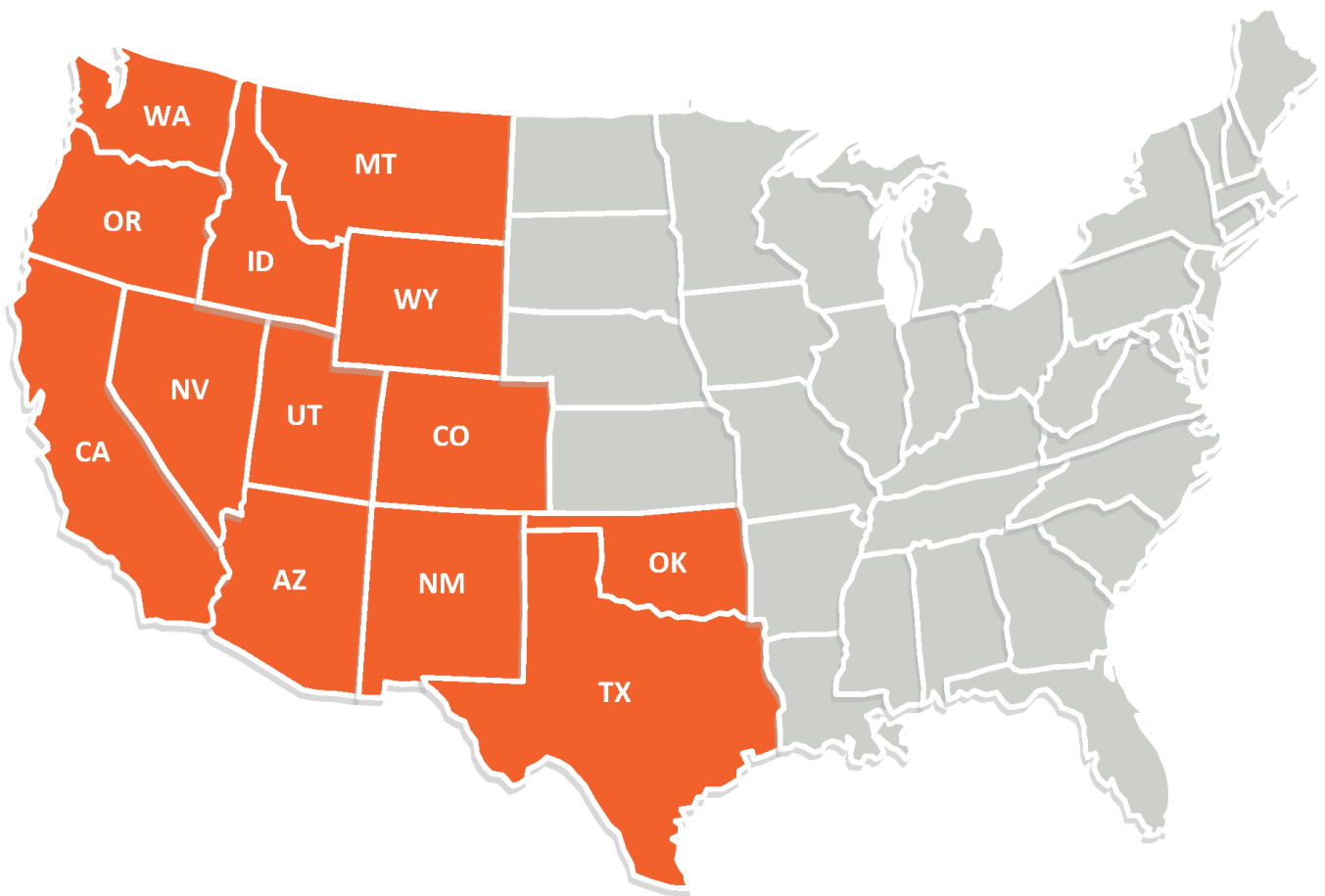


Please complete this form if you have camp locations in the orange colored states.



Wildfire Self-Assessment

Camp Name: _____

STAFF TRAINING	Yes	No	N/A
1. Are employees trained on individual roles and responsibilities in the event of a fire?			
2. Are employees trained on fire threats, hazards and protective actions?			
3. Are employees trained on fire notification, warning and communication procedures?			
4. Are employees trained on means for locating family members in an emergency?			
5. Are employees trained on emergency response procedures?			
6. Are employees trained on evacuation, shelter and accountability procedures?			
7. Are employees trained on location and use of common emergency equipment?			
8. Are employees trained on emergency shutdown procedures?			
If NO to any of the above, please explain. _____ _____			
How often are practice emergency procedures reviewed with employees? _____			

WATER SOURCES	Yes	No	N/A
1. Are hydrants, ponds, swimming pools, wells and other water sources easily accessible to first responders, including clear signage to make them easy to identify?			
2. Do you inspect water source hoses and connections regularly (quarterly at a minimum)?			
3. Are sprinkler systems fully functioning and checked by certified vendors on an annual basis?			
4. Have you completed a flow test on any water systems?			
5. In the event of power loss, are pumps connected to backup generators?			
If NO to any of the above, please explain. _____ _____			
The water source(s) are: <input type="checkbox"/> Private well <input type="checkbox"/> Other source: _____ <input type="checkbox"/> City water system			

LIFE SAFETY	Yes	No	N/A
1. In order to support an effective evacuation, have routes been planned, marked and clearly identified?			
2. Are route maps posted for each site, including alternate routes?			
3. In the event of an evacuation, are there agreements in place with transportation providers?			
4. In the event of an evacuation, do you have existing agreements with other organizations, locations or facilities so programming can continue?			
5. In the event that sheltering in place becomes necessary, do you have a detailed plan for how to do so with minimal risk?			
6. Has your organization consulted with the local fire department and shared a copy of the camp map, including planned evacuation routes?			
7. Has a camp map, highlighting planned evacuation routes, been provided to The Redwoods Group?			
8. Has the local fire department visited or trained at your camp site?			
9. Have you invited local responders to use camp as a staging area for people and equipment?			
If NO to any of the above, please explain. <hr/> <hr/>			

CONSTRUCTION AND MATERIALS	Yes	No	N/A
1. Are all roofs covered with materials (such as tile, slate, fiberglass or metal) that have been rated as Class A?			
2. For all attics, crawl spaces and the spaces underneath porches and decks, are vented openings protected from embers/firebrands with corrosion-resistant 1/8-inch metal mesh screening?			
3. If anything combustible is attached to the building (e.g., a wooden fence), is it separated with a non-combustible barrier (e.g., masonry or metal) so that it is not directly in contact with the building?			
4. For new buildings or structures, are class A materials—such as HardiePlank siding, composite materials, etc.—being used?			
5. Are any solar panels mounted on roofs?			
If NO to any of the above (as applicable), please explain. <hr/> <hr/>			

GENERAL PREVENTION	Yes	No	N/A
1. Are grills and fireplaces equipped with proper receptacles for disposing of ashes?			
2. Is chimney cleaning and inspection scheduled on an annual basis?			
3. If gas grills and propane tanks are present, are they kept at least 15 feet away from any building or structure?			
4. Are rakes, buckets, saws, shovels, axes and other tools readily available to control small fires?			
5. Do you have enough leaf-blowers available to clear leaves/pine needles from decks, roofs and surrounding areas?			
6. Are all portable fire extinguishers mounted, accessible and annually serviced per NFPA standards?			
7. Are all trash and recycle bins located away from flammable materials and buildings, and do they have self-closing lids?			
8. Is Barricade Gel or fire thermal gel available on hand?			
9. Is an electrical evaluation completed annually?			
10. Are there up-to-date camp maps indicating the locations of gas lines and valves, water lines (for fire access as well as septic/drain fields), and electrical lines/main breaker?			
If NO to any of the above, please explain. _____ _____			
Rate the overall housekeeping of premises surrounding buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			

PROTECTING PROPERTY AND LIVESTOCK	Yes	No	N/A
1. Have you identified any key equipment or materials (e.g. computers and vital records) which would need to be removed in the event of an evacuation?			
2. If horses and other livestock are present, is there a plan for their evacuation?			
If NO to any of the above, please explain. _____ _____			

LANDSCAPING	Yes	No	N/A
1. Are landscaping and buildings managed to regularly clear away all combustibles (leaves, fallen limbs, pine needles, etc.) from around fences, roofs, gutters, decks, stairs and foundations? How often is this done? _____			
2. If there is any bark, mulch or wood chips used next to any structure, has it been cleared to a distance of at least five feet?			
3. If present, are all pine, eucalyptus, fir or other oily, combustible vegetation planted a minimum of 30 feet away from any structure?			
4. Have ladder fuels been removed by pruning trees to remove limbs under 20-30 feet from the ground?			
5. Have all grass, vegetation and small trees been thinned to remove combustible fuels from the ground?			
6. Are tall trees thinned or separated to prevent tree canopies from touching (crown shyness)?			
7. Are there fire breaks/defensible spaces around camp and near buildings?			
8. Do you have any landscape irrigation systems installed?			
9. Is storage of wood, LPG and other flammable materials located away from structures?			
10. Have all dead trees, both standing and fallen, been removed?			
11. Do you use an arborist to assess tree conditions and identify any potential issues?			
If NO to any of the above, please explain. _____ _____			

EVACUATION	Yes	No	N/A
1. Do you have a system/protocol for identifying the location and direction of the fire, understanding that it can quickly change direction and speed?			
2. Are protocols defined for explaining evacuation procedures to campers and communicating with families?			
3. When evacuating, is a system/protocol in place to ensure all openings (windows, skylight vents, doors and garage doors) are closed but not locked?			
If NO to any of the above, please explain. _____ _____			

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 7/16/2020