



P.O. Box 2009, Glen Allen, VA 23058-2009
(804) 527-2700 (800) 431-1270 Fax (804) 527-7966

"THE COUNSELOR" CAMP INSURANCE SHORT - TERM CAMP RENEWAL QUESTIONNAIRE

Date of Application _____

Section I - General Information

Expiring Policy # _____

Insured's Name: _____

Mailing address: _____

Location of camp: Street: _____ City: _____ State: _____

(attach list of locations if multiple locations are operated)

Primary Contact's Name: _____ Phone: (____) _____ Fax: (____) _____

Email Address: _____ Website: _____

Effective Date Desired: _____ Expiration Date Desired: _____

Dates of Camp: _____ to _____

What is the pre-camp arrival date for staff: ____/____/____ Departure Date: ____/____/____

All locations:

1. Have you entered into any new businesses and/or operations or acquired any new entities? Yes No
If yes, describe in detail: _____

2. Have you discontinued any businesses and/or operations? Yes No
If yes, describe: _____

3. Have you acquired, leased or sold any locations? Yes No
If yes, attach a list with address(es), limits, coverages and occupancy(ies).

4. Have you changed any of the types of activities or services offered at the facility? Yes No
If yes, describe: _____

5. Number of campers per location:

Day Camps:

Estimated number of campers/day _____

Number of days a week camp is open _____

Number of weeks a year camp is open _____

Resident Camps:

Estimated number of campers/day _____

Number of days a week camp is open _____

Number of weeks a year camp is open _____

6. Do you have saddle animals? Yes No
Number owned: _____ Number leased: _____

7. Please check all activities offered:

Archery

Ballooning**

Baseball

Bicycle Trips

Boating

Boxing**

Bungee Jumping**

Bungee Trampoline**

Canoeing

Caving*

Ceramics/Pottery

Cheerleading*

Diving

Environmental
Education

Fireworks Displays at
Camp*

Fitness Training

Flying**

Football (tackle)**

Football (touch or flag)

- | | | |
|--|---|---|
| <input type="checkbox"/> Go Karts* | <input type="checkbox"/> Parasailing** | <input type="checkbox"/> Skiing, Downhill/Alpine* |
| <input type="checkbox"/> Gymnastics* | <input type="checkbox"/> Rappelling/Rock Climbing* | <input type="checkbox"/> Skiing, Water |
| <input type="checkbox"/> Hang Gliding** | <input type="checkbox"/> Rocketry, Model rockets | <input type="checkbox"/> Sky Diving** |
| <input type="checkbox"/> Hockey, Ice** | <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Solo Trips |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ropes Courses/Climbing Towers* | <input type="checkbox"/> Surfing* |
| <input type="checkbox"/> Hunting** | <input type="checkbox"/> Rugby* | <input type="checkbox"/> Trampoline** |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Sailing | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Sail Boarding | <input type="checkbox"/> Water Blobs* |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Scuba Diving* | <input type="checkbox"/> Water Trampoline* |
| <input type="checkbox"/> Martial Arts* | <input type="checkbox"/> Shooting/Rifle Range | <input type="checkbox"/> Whitewater Rafting* |
| <input type="checkbox"/> Motorbikes/Minibikes
Motorcycles/ATV's* | <input type="checkbox"/> Skateboarding* | <input type="checkbox"/> Windsurfing* |
| <input type="checkbox"/> Mountain Biking* | <input type="checkbox"/> Skiing, Cross Country | <input type="checkbox"/> Woodworking* |
| <input type="checkbox"/> Mountain Boarding* | | <input type="checkbox"/> Working Farms |
| <input type="checkbox"/> Paintball* | | <input type="checkbox"/> Wrestling* |
| <input type="checkbox"/> Other, including extreme sports (Describe): _____ | | |

* Please attach a copy of the safety plan for these activities. ** These activities are excluded.

8. Are all pools used compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 a.) If no, explain the action plan and time table for compliance:

9. Please provide the following updated information by location. Use additional paper if necessary.

	Loc. #1	Loc. #2	Loc. #3
Additional Insureds	Name_____	Name_____	Name_____
	Address_____	Address_____	Address_____
	Relationship to you:_____	Relationship to you:_____	Relationship to you:_____

Camp Accident Medical:

10. Is staff to be covered? Yes No Number of staff per week: _____

11. Are volunteers to be covered? Yes No Number of volunteers per week: _____

Plan Primary: Check desired plan	Accident Medical Expense	Accidental Death and Dismemberment	Primary Sickness Medical Expense	Catastrophe Cash	Aggregate
Resident Camps					
<input type="checkbox"/>	\$3,500	\$5,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$3,500	\$10,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$5,000	\$10,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$12,500	\$15,000	\$1,000	\$25,000	\$250,000
Day Camps					
<input type="checkbox"/>	\$3,500	\$5,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$3,500	\$10,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$5,000	\$10,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$12,500	\$15,000	\$0	\$25,000	\$250,000

12. *Please attach a copy of your most current high ropes course and climbing wall inspection(s).*

13. *Please attach a new Statement of Property Values that reflects all updated values, additions, alterations and deletions.*

ADDITIONAL REMARKS AND OTHER CHANGES (attach separate paper if necessary):

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____