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Day Camp Supplemental Application

Policy No. _____

Named insured: _____

Location of Camp: _____

Date camp starts: _____ Date Camp ends: _____

Average number of campers per day _____ Number of days per week _____

Number of weeks per year _____ Total number of camper days _____

Age range of campers: _____ Ratio of counselors to campers: _____

Are special permission slips and waivers obtained from camper's parents? ☐ Yes ☐ No

Explain: _____

Do you require all campers to carry Accident Medical Insurance? ☐ Yes ☐ No

Are there any overnight camp activities planned? ☐ Yes ☐ No If yes, explain: _____

Who will provide lunches and snacks for the campers? _____

Will there be cooking on premise? ☐ Yes ☐ No If yes, explain: _____

Do any activities take place off the insured premise? ☐ Yes ☐ No If yes, explain: _____

Please explain transportation: _____

☐ Vans ☐ Bus ☐ Hired vehicle ☐ Other: _____

Do you own the vehicles? ☐ Yes ☐ No If so, do you have a commercial auto policy in place? ☐ Yes ☐ No

Does the camp allow any employees or volunteers transport campers in their personal vehicles? ☐ Yes ☐ No

If yes, describe: _____

Check ALL camp activities: *(additional underwriting information may be required)*

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

**** These activities are excluded.**

- ☐ Archery
- ☐ Bicycle Trips
- ☐ Bungee Jumping**
- ☐ Ceramics/Pottery
- ☐ Environmental Education
- ☐ Flying**
- ☐ Go Karts*
- ☐ Hockey, Ice**
- ☐ Ice Skating
- ☐ Martial Arts*
- ☐ Parasailing**
- ☐ Roller Skating/In-Line
- ☐ Rugby*

- ☐ Ballooning**
- ☐ Boating
- ☐ Canoeing
- ☐ Cheerleading*
- ☐ Fireworks Displays at Camp*
- ☐ Football (tackle) **
- ☐ Gymnastics*
- ☐ Horseback Riding
- ☐ Jet Skiing
- ☐ Mountain Biking*
- ☐ Rock Climbing*/Rappelling
- ☐ Skating
- ☐ Sailing

- ☐ Baseball
- ☐ Boxing**
- ☐ Caving*
- ☐ Diving
- ☐ Fitness Training
- ☐ Football (touch or flag)
- ☐ Hang Gliding**
- ☐ Hunting**
- ☐ Kayaking
- ☐ Paintball*
- ☐ Rocketry, Model rockets
- ☐ Ropes Course/Climbing Towers*
- ☐ Sail Boarding

Check ALL camp activities: (additional underwriting information may be required) (Continued from previous page)

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

** These activities are excluded.

- | | | |
|--|---|--|
| <input type="checkbox"/> Scuba Diving* | <input type="checkbox"/> Shooting/Rifle Range | <input type="checkbox"/> Skateboarding* |
| <input type="checkbox"/> Skiing, Cross Country | <input type="checkbox"/> Skiing, Downhill/Alpine* | <input type="checkbox"/> Skiing, Water |
| <input type="checkbox"/> Sky Diving** | <input type="checkbox"/> Surfing* | <input type="checkbox"/> Trampoline** |
| <input type="checkbox"/> Wall Climbing | <input type="checkbox"/> Water Blobs* | <input type="checkbox"/> Water Trampoline* |
| <input type="checkbox"/> Whitewater Rafting* | <input type="checkbox"/> Windsurfing* | <input type="checkbox"/> Woodworking* |
| <input type="checkbox"/> Wrestling* | <input type="checkbox"/> Other, including extreme sports: (Describe): _____ | |

Does the camp have a safety plan for all activities listed above? ☐ Yes ☐ No, If yes, please attach a copy.

Are campers always attended by counselors? ☐ Yes ☐ No

What % of campers have special needs? _____

If any campers have special needs, is the entire staff informed about the limitations/abilities of the special needs campers regarding activities, diet, medical requirements, etc? ☐ Yes ☐ No

What is the minimum age of the counselors? _____

Do the counselors have CPR training? ☐ Yes ☐ No

Describe formal training, certification or previous experience of counselors? _____

Are criminal background checks performed on all personnel working with the children? ☐ Yes ☐ No

What service provides the background checks? _____

What measures are taken to prevent allegation of sexual abuse at your camp? _____

If your camp will NOT involve the use of a swimming pool or other body of water please skip to the bottom of the application on the next page for signature and date.

Will the camp involve the use of a swimming pool? ☐ Yes ☐ No

Who owns the pool? _____

Is the swimming facility: ☐ Private ☐ Public ☐ Lake ☐ Ocean ☐ Other: _____

Is it (check all that apply): ☐ On premises ☐ Off premises ☐ Above Ground

☐ Below Ground ☐ Indoor ☐ Outdoor

Are pool depths marked? ☐ Yes ☐ No

If pool is outdoors, is it completely fenced with at least a 5 foot fence? ☐ Yes ☐ No

Are gates locked when pool is not in use? ☐ Yes ☐ No

Are all chemicals kept in a dry, ventilated, locked storage area? ☐ Yes ☐ No

Do all pool drains and grates have covers that cannot be removed without using a tool? ☐ Yes ☐ No

Do you loan or rent the pool to outside groups or individuals? ☐ Yes ☐ No

If yes, do you require them to sign a hold harmless agreement in your favor? ☐ Yes ☐ No

If yes, do you require a certificate of insurance & additional insured status on their policy? ☐ Yes ☐ No

If yes, do you provide the lifeguards? ☐ Yes ☐ No

If the facility you use is off premises, are you required to sign a contract? ☐ Yes ☐ No

If yes, do you hold the facility owners harmless in their favor? ☐ Yes ☐ No

Is the facility staffed with certified lifeguards for the appropriate water activity

(pool, waterfront, shallow water)? ☐ Yes ☐ No

If yes, how many? _____ If yes, who certifies the lifeguards? _____

Who supplies the lifeguards? _____

What is the lifeguard to swimmer ratio during swim times? _____ Lifeguards to _____ Swimmers

Do you document all lifeguard in-service training? ☐ Yes ☐ No

Is there a diving board? ☐ Yes ☐ No If yes, what is the height (in feet)? _____

What is the depth of the water in the diving area? _____ feet

Is the diving area clearly marked? ☐ Yes ☐ No

Does the diving area extend out at least 16 feet from the end of the diving board? ☐ Yes ☐ No

Is there a water slide? ☐ Yes ☐ No

If yes, please list in feet: height: _____ length: _____ depth of water where slide enters: _____

Please attach rules for use of the water slide.

Do you have water structures like water trampolines, blobs, inflatable platforms, etc? ☐ Yes ☐ No

If yes, list the type(s) of structure(s): _____

If facility is a **lake or body of water other than a pool** and is used for activities other than swimming, is the swim area separated and clearly marked? ☐ Yes ☐ No

Do you test each swimmer's swimming ability prior to allowing them to use the facility? ☐ Yes ☐ No

Do non-swimmers wear a visible identification? ☐ Yes ☐ No

Are facility rules posted? ☐ Yes ☐ No Do the rules meet all state and local regulations? ☐ Yes ☐ No

Note: 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.

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.

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Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____