

SPORTS & RECREATION CAMPS QUESTIONNAIRE

Applicant Name _____

Effective Date _____

Agency Name _____

Agency # _____

- Attach to an ACORD Application
- Attach a copy of your participant waiver

1. Web site _____
2. Do you require all members, guests and other users of your facilities or participants in your programs and facilities to sign a participant waiver? (*Please attach copy*) Yes No
3. Total number of full time employees _____ and part time employees _____
4. Please complete below **or** provide a Schedule of Camps with below info for each Camp.
 - a. Day Camp:
 - i. Average number of Campers per Day _____
 - ii. How many Days does the Day camp operate? _____
 - b. Overnight Camp:
 - i. Average number of Campers per Day _____
 - ii. How many Days does the Overnight camp operate? _____
5. Is staff certified to handle medical emergencies? Yes No
6. Do you have a written plan for staff to follow during medical emergencies? Yes No
7. What activities, teams or leagues do you provide? (*Please check all that apply – or attach brochure providing similar information*)

<input type="checkbox"/> Biking	<input type="checkbox"/> Ropes course	<input type="checkbox"/> Baseball – Ages _____
<input type="checkbox"/> Canoeing/Kayaking	<input type="checkbox"/> Sailing	<input type="checkbox"/> Basketball – Ages _____
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Swimming	<input type="checkbox"/> Football, Flag – Ages _____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Target Shooting	<input type="checkbox"/> Football, Tackle – Ages _____
<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Gymnastics – Ages _____
<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Horse riding	<input type="checkbox"/> Soccer – Ages _____
<input type="checkbox"/> Racquetball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Softball – Ages _____
<input type="checkbox"/> Rock climbing wall	<input type="checkbox"/> Zip Line	<input type="checkbox"/> Tennis – Ages _____
<input type="checkbox"/> Other (Please Describe) _____		

8. Are all participants required to wear the appropriate padding and safety equipment? Yes No
9. Are facilities inspected before every use? Yes No

For Questions 10 through 58, please indicate whether or not the listed exposure exists, and answer only the questions related to the existing exposures.

Zip Lines Exposure Exists No Exposure Exists

10. Number of Zip lines _____ Height of Zip Line _____

11. Safety Procedures _____

Swimming Pools/Whirlpools/Sauna/Lakes Exposure Exists No Exposure Exists

12. How many of the following do you have?

Swimming Pools Whirlpools Steam Sauna Dry Sauna Lakes
 Diving boards, list height(s) _____
 Pool Slides, please describe _____
 Water park areas, please describe equipment in this area _____

If large curve or tube slides, do you have employees at the top and bottom for safety? Yes No

13. Are pool depths clearly marked?

14. Any water toys, trampolines or slides?

If yes describe what, how high and water depth for each water toy _____

15. Is there always a lifeguard on duty during pool/swimming operating hours? Yes No

16. Are you in full compliance with the Virginia Graeme Bakers Pool and Spa Safety Act? Yes No

If no, please describe your plans for compliance and expected date to be in compliance: _____

Shooting Sports Exposure Exists No Exposure Exists

17. Number:

Archery Range – Indoor _____

Archery Range – Outdoor _____

Rifle or Pistol Ranges – Indoor _____

Rifle or Pistol Ranges – Outdoor _____

Skeet Shooting or Trap Shooting Ranges _____

Sporting Clay ranges _____

18. Is a range master or supervisor on premises during shooting hours? Yes No

19. Is the premises secured and locked when not operating? Yes No

20. What is the maximum distance of ranges? _____

21. What type of backstop or berm is used? _____

22. Are range rules and safety guidelines clearly posted? Yes No

Climbing Wall Exposure Exists No Exposure Exists

23. Number of walls; Height of walls _____

24. Manufacturer of walls: _____

25. Were the walls constructed by a contractor who provided you with a certificate of insurance? Yes No

26. Please describe what type of belay equipment is used? _____

27. How often are the walls and belay systems inspected? _____

28. Who inspects the walls and belay systems? _____

29. Are inspection findings documented? Yes No

30. Are maintenance records kept? Yes No

31. Do you provide equipment for participants, such as helmets, harnesses, belay devises, etc? Yes No
If yes, do you inspect all equipment after each use? Yes No

32. Are any walls portable? Yes No

33. If yes, do you set up and operate all off-site usage? Yes No

34. Do you offer belay instruction and certification? Yes No

35. Are safety rules clearly posted? Yes No

36. Are all participants required to sign a waiver? (*Please attach a copy of waiver.*) Yes No

37. Do you require all belayers to be certified? Yes No

Horse & Stable Operations Exposure Exists No Exposure Exists

38. Do you Post a copy of the State Equine Law Posting?
(*Please attach a Photo of the posting*) Yes No

39. What type of fence is used on runs or pastures? _____

40. Describe the condition of the fencing _____

41. Is there a riding arena?
If yes, please provide the total square feet _____ Yes No

42. Are there any farming operations on the premises?
If yes, is there separate insurance coverage in force for the farming operations? Yes No
 Yes No

43. Do you breed or sell horses?
If yes, how many horses are sold per year _____ Yes No

44. Do you own and keep any of your own horses on premises?
If yes, how many? _____ Yes No

45. Do you Board horses?
If yes,
a. What is the maximum number of horses that can be boarded? _____ Yes No
b. Prior to allowing client's horses on premises, do you require a copy of a veterinarian report certifying the horse's health? Yes No
c. Does the boarding contract include the State Equine Law verbiage? Yes No

46. Are all riders required to wear helmets?
If no,
a. Are riders that do not wear helmets a minimum of 18 years old Yes No
b. Is there a signed waiver including information on the dangers of riding without a helmet? Yes No

47. Do you repair damaged tack for:
a. Yourself? Yes No
b. Others? Yes No
If yes for others, please explain _____

48. Describe on-trail emergency procedures _____

49. Does the applicant sponsor any Exhibitions or Special Events? Yes No

50. Does the applicant offer any training?
If yes, are the horse trainers
a. Employees? Yes No
b. Independent contractors? Yes No
If independent contractors, what is the total annual cost paid to contractors? \$ _____

51. Do you verify trainers have their own general liability insurance with minimum limits equal to your own and require a Certificate of Insurance listing you as an additional insured? Yes No

52. Do you allow training for any of the following stunts on your premises? (please check all that apply)

Jumping Barrel racing Rodeo tricks Roping Obstacle course

53. Are any of the applicant's horses used for Trail Riding or Training?
If yes, how many used for Trail Riding? _____ Training? _____ Yes No

54. Are the trails only open to campers? Yes No

55. How many miles of trails are there on the premises? _____
56. Do any trails cross or run next to public roadways or highways?
If yes, please describe _____ Yes No
57. Does the applicant or a trainer accompany riders on all trail rides? Yes No
58. Are riders allowed to bring their own horses on the premises to ride? Yes No

Participant Liability

59. Please indicate which of the following you'd like to quote:

Including Liability for injury to participants Excluding Liability for injury to participants

Recreational Vehicles

60. Do you use any unlicensed vehicles such as ATVs, Snowmobiles, Golf Carts or Other? _____ Yes No
If yes,
- a. Do you use them to transport clients? Yes No
 - b. Are helmets required? Yes No
 - c. How many of each? _____
 - d. If any ATVs or Snowmobiles, will they be kept in a locked storage facility and their keys kept in a separate secured location? Yes No

Auto Coverage

61. Do you transport participants?
If yes, do you transport them
 In Your Vehicles Employee/Volunteer Vehicles Charter a bus Yes No
62. Please indicate if you would like to include a quote for Hired and Non-owned Auto Liability:
 No thanks
 Yes, please include a quote at limit equal to the liability occurrence limit

Excess Medical Payments Coverage

63. Please indicate if you would like to include a quote for Excess Med Pay for participants:
- No thanks
 Yes, please include a quote for \$1,000 Excess Med Pay per participant
 Yes, please include a quote for \$2,500 Excess Med Pay per participant
 Yes, please include a quote for \$5,000 Excess Med Pay per participant
 Yes, please include a quote for \$10,000 Excess Med Pay per participant

Abuse and Molestation

64. Please indicate if you would like to include a quote for Abuse and Molestation Liability:
 No thanks
 Yes, please include a quote for Abuse and Molestation Liability within my General Liability limits.

Completion of the following abuse and molestation liability coverage questions is mandatory for Illinois and Kansas. For any other state, complete the following abuse and molestation liability coverage questions only if you want to include this coverage.

65. Prior to employment, do you perform criminal background checks on all employees and volunteers?
If yes, how often do you run background checks on existing employees and volunteers? _____ Yes No
66. At the time of orientation, do you discuss and provide literature on how to recognize the signs of abuse and what to do if an allegation of abuse is made? Yes No

67. Has there ever been an allegation of abuse made against your organization or any of its members? _____ Yes No
If yes, please explain _____
68. Are you aware of any incident that could give rise to an allegation of abuse? _____ Yes No
69. Do you ever allow any of your workers to be alone, one-on-one with a child? _____ Yes No

Warranty Statement

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this application does not compel the company to provide coverage.

Derek Simmons

Applicant's Signature

Date

Agent's Signature

Date