



## CHILDREN'S CAMPS

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

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2. **Mailing Address:**

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**Website Address:**

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**Phone No.**

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3. **Name and address of facility:**

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4. Describe applicant's experience in this industry:

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5. How long has applicant been in business:

**Attach advertising pamphlet/brochure.**

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6. Type of camp:

A.  Day Camp

Residential Camp  
(Avg. length of stay \_\_\_\_\_ Days)

B.  Private

Institutional

Organization

7. How are campers accommodated? \_\_\_\_\_

Parental consent form with release/waiver?  Yes  No  
If Yes, attach copy.

Age range of campers: \_\_\_\_\_ Average no. of campers per day: \_\_\_\_\_  
No. of days per week in operation: \_\_\_\_\_ No. of weeks per year: \_\_\_\_\_  
Date camp opens: \_\_\_\_\_ Date Camp closes: \_\_\_\_\_

8. Annual receipts: \_\_\_\_\_ Total payroll: \_\_\_\_\_  
Total No. of employees: \_\_\_\_\_ Total No. of Volunteers: \_\_\_\_\_  
Are all employees covered under WSIB?  Yes  No  
If "No", please list numbers by job description and estimated payroll:

9. Are campers always attended by counselors?  Yes  No  
Minimum age of counselors \_\_\_\_\_ Minimum ratio of counselors to campers: \_\_\_\_\_  
Percentage of counselors returning from previous years: \_\_\_\_\_ %

What training is given to counselors:  
\_\_\_\_\_

What training, certification or experience are counselors required to have?  
\_\_\_\_\_

Are police/criminal background checks performed on counselors?  
\_\_\_\_\_

10. List all buildings located at the Camp with details of construction. (Construction and protection (e.g. fire alarms, etc.) (Please attach a site plan showing all facilities)  
\_\_\_\_\_

Who is responsible for maintaining buildings and other facilities?

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Are any of facilities open to the public  
If Yes, please describe.

Yes  No

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11. List all activities or sports which campers can take part in. Specify whether on or off premises.

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Are any of above contracted out to subcontractors? Please list.

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Do you require all sub-contractors (including maintenance and facility providers) to provide Certificates of Insurance providing evidence of Third Party Insurance?  
If No, please explain:

Yes  No

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12. Are there any swimming facilities?  
If Yes, please provide description:

Yes  No

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	<b>Roped Off Area</b>	<b>Maximum Depth</b>	<b>Minimum Depth</b>
Lake	<input type="checkbox"/> Yes <input type="checkbox"/> No		
River	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Any diving boards or waterslides?  
Specify where and height:

Yes  No

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Any warning signs/rules posted?  
Describe, if any:

Yes  No

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Any nighttime swimming allowed?

Yes  No

Are lifeguards always in attendance?  
If No, please explain:

Yes  No

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Are all lifeguards qualified e.g. Red Cross or similar?

Yes  No

13. List all watercraft (if any):

Type	Usage	No. of Each	Length	HP of Motor, If any	Owned	Leased	Other

Are life jackets mandatory?

Yes  No

Lifeguards in attendance?

Yes  No

"Crash"/Safety boats available?

Yes  No

14. Are premises inspected by Health Authority?  
If Yes, date of last inspection:

Yes  No

Satisfactory  Unsatisfactory

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15. Are all campers required to obtain medical certificates from their family doctors?

Yes  No

Medications

Do you keep records of any allergies or special requirements for campers?  
Please describe:

Yes  No

Are EPIPENS available at all times and are staff trained how to use them?  Yes  No

Where is the nearest medical facility? \_\_\_\_\_ Distance : \_\_\_\_\_

Is there any qualified nurse or other medically-trained person in attendance at the camp?  Yes  No  
Please describe:

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Do you have a written emergency plan in the event of illness or injury sustained by a camper?  Yes  No  
Describe and provide copy.

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If food and drinks are supplied, who prepares the food? \_\_\_\_\_

Who inspects the kitchen and how often? \_\_\_\_\_

Are any special dietary requirements such as food allergies of campers properly recorded and food preparers made aware of them?  Yes  No  
Please describe process:

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16. Does applicant presently carry insurance?  Yes  No  
If Yes, who is the present insurer:

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Premium: \$ \_\_\_\_\_ Limit: \$ \_\_\_\_\_

Is the present insurance Claims Made?  Yes  No  
If Yes, state retro date: \_\_\_\_\_

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Are they willing to renew?  
If No, please explain:

Yes  No

Does the policy cover all operations of the Insured?  
If No, please describe:

Yes  No

**17. Claims History:**

Include total costs from ground up for each claim, whether Insured or not, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  
If Yes, give details:

Yes  No

**18. Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

*(Please provide details):*

19. **Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed:  Yes  No

Injury/incident report form used?  Yes  No  
If Yes, attach copy.

20. Please indicate limit(s) of liability required: \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

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Signature of Applicant (authorized representative)

Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**