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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***ENTITY INFORMATION*** | | | | | | | | | |
| Named Insured: |  | | | | | | | | |
| ***CAMP INFORMATION*** | | | | | | | | | |
| Location of Camp: | |  | | | | | | | |
| Type of Camp: | |  | | | | | | | |
| Camper Days: | |  | | | | | | | |
| Is the camp accredited by the ACA? | | | | | | | | | Yes  No |
| Are the camp directors accredited? | | | | | Yes  No | By Whom: |  | | |
| If a resident camp, how long is the average stay? | | | | | | | | | |
| Age range of campers: | | | | | | Are campers separated by age? | | | Yes  No |
| Average number of campers: | | | |  | | Number of days per week: | |  | |
| Are camp sessions designed for those with physical or mental challenges or illnesses?  (If yes, please complete the Special Needs Supplement) | | | | | | | | | Yes  No |
| Date of the last Board of Health exam: | | | | | | | | | |
| Do employees or caretakers live on premises all year round? | | | | | | | | | Yes  No |
| How many cabins or dwellings are occupied year round? | | | | | | | | | |
| Are certified medical personnel on premises during camp? | | | | | | | | | Yes  No |
| Please list medical personnel: | | | | | | | | | |
| Does the camp obtain medical permission slips? | | | | | | | | | Yes  No |
| Does the camp require regarding prescription medicines used by campers? | | | | | | | | | Yes  No |
| Do you carry accident insurance for all campers? | | | | | | | | | Yes  No |
| Does the camp require a consent form signed by each camper and their parent or guardian? | | | | | | | | | Yes  No |
| Describe the cooking facility: | | | | | | | | | |
| Is there a fire protection system over all cooking surfaces? | | | | | | | | | Yes  No |
| Are there fire hydrants on or near the premises? | | | | | | | | | Yes  No |
| Do all sleeping rooms have smoke detectors? | | | | | | | | | Yes  No |
| Do you have bonfires? | | | | | | | | | Yes  No |
| Do you have a fire plan? | | | Yes  No | | | Do you have an evacuation plan? | | | Yes  No |
| ***COUNSELOR INFORMATION*** | | | | | | | | | |
| Ratio of counselors to campers: | | | | | | | | | |
| Are campers always attended by counselors? | | | | | | | | | Yes  No |
| Minimum age of counselors: | | | | | | | | | |
| Are the counselors required to complete specified training? | | | | | | | | | Yes  No |
| Percentage of counselors that return from the previous year: | | | | | | | | | |
| ***OUTSIDE ENTITIES*** | | | | | | | | | |
| Is the camp ever leased to outside entities?  If yes, do you require a certificate of insurance naming the camp as additional insured? | | | | | | | | | Yes  No  Yes  No |
| Are contracts or agreements signed with these entities? Please attach samples. | | | | | | | | | Yes  No |

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| --- | --- | --- |
| ***ACTIVITIES*** | | |
| ***CLASS A*** | | |
| Ice Skating  Alpine Skiing or Cross Country Skiing  Skateboarding | Bicycling (**not** including Extreme Mountain Biking)  Backpacking or Hiking | |
| ***CLASS B***  ***\*Note: Camps with 3 or more Class B activities may not be eligible for coverage in NPIP\**** | | |
| Archery/Target Range  Shooting/Rifle Range  Paintball  Gymnastics  Sports  Lacrosse  Hockey  Martial Arts  Wrestling  Tackle Football  Surfing  Adventure Programs, please describe: | Giant Swing  Caving (Exploring or Spelunking)  Extreme Mountain Biking  Rock Climbing  Mountain Climbing  Aqua Swing  Diving (Cliff, Scuba, Competitive)  Waterslide over 15’ high  Kite Boarding  Zip Lines | |
| **For any activity listed below, please include the appropriate supplement:**  Equestrian Activities  Challenge Courses/Ropes Courses  Water Activities  Water Trampolines, Motor Boarding Activities, White Water Rafting, Swimming (lakes, ponds, beaches, rivers)  Motorized Vehicles  ATVs, Motorized Biking, Go-Karts  Swimming (in pool only) | | |
| Have all counselors received training for the Zackery Lystedt Law? | | Yes  No |
| Does the camp have a written safety plan for all checked activities?  (If yes, please attach for all activities marked above) | | Yes  No |
| Does the camp broker have a contract with others for any of the activities marked?  If yes, please explain: | | Yes  No |
| Do you require certificates of insurance from all brokered activity providers? | | Yes  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

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