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| --- | --- |
| ***ENTITY INFORMATION*** | |
| Named Insured: | |
| ***SPECIAL NEEDS INFORMATION*** | |
| How many campers have special needs? | **%** |
| What is the purpose of this camp? | |
| How much experience does the supervisory personnel have in working with the special needs listed above? | |
| Are staff and camper ratios adjusted for special needs campers?  If yes, to what ratio? # Staff       # Special Needs Campers | Yes  No |
| Is all staff aware of special needs campers and their limitations? | Yes  No |
| Are contractors and staff trained in supervising special needs campers? | Yes  No |
| Does your crisis management plan include contingency plans for these campers? | Yes  No |
| Do your professionals carry their own malpractice insurance?  If yes, do you obtain a certificate of insurance as proof? | Yes  No  Yes  No |
| Do you have a maintenance program for the medical apparatus or equipment used for special needs campers? | Yes  No |
| List the specific medical procedures you provide: | |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

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