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# CAMP INSURANCE SUPPLEMENTAL QUESTIONNAIRE

## GENERAL INFORMATION

1. Name of Insured (as will appear on policy): \_\_\_\_\_

2. Camp-Season Phone: (\_\_\_\_\_) \_\_\_\_\_  
Off-Season Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

3. Number of years in business: \_\_\_\_\_ Number of years under present management: \_\_\_\_\_

4. Name of Camp: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Web Address: \_\_\_\_\_

Location of Camp activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. 

List All Sessions and Dates	Type of Sport	Number of Participants	Number of Days
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use additional sheet if necessary.

Please note: We must be notified of any date changes prior to the first day of the camp. (If you need to add additional dates after submission, you must complete a new form.)

**COVERAGE INFORMATION**

1. Additional Insureds Relationship Address  
*As they are to appear on the policy (MUST be approved by K&K)*

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2. Location of Camp: \_\_\_\_\_

3. Location of off-premises office: \_\_\_\_\_

4. Any other insured locations: \_\_\_\_\_

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5. List organizations which have accredited your camp:

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6. Are the camp directors accredited? Yes No

7. List organizations which have accredited any of your directors:

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8. Type of Camp

- i) Day Camp or Resident Camp
- ii) Private Institutional Organizational

Age range of campers: \_\_\_\_\_

If resident camp, how long is average stay? \_\_\_\_\_

9. Date camp opens: \_\_\_\_\_ closes: \_\_\_\_\_

10. Average number of campers per day \_\_\_\_\_ X Number of days per week \_\_\_\_\_ X  
Number of weeks per year \_\_\_\_\_ = Total number of camper days \_\_\_\_\_

11. Total sq. footage of off-premises office: \_\_\_\_\_

12. Who is responsible for maintenance, condition or operation of the following:

	OUTSIDE LEASING GROUPS	CAMP	OTHER (Please Specify)
a. Grounds & Permanent Structures	_____	_____	_____
b. Counsellors & Workers	_____	_____	_____
c. Food Services	_____	_____	_____

Do you obtain a Certificate of Insurance from the above, naming your organization as an Additional Insured on their insurance policy? Yes No

13. Date of last Board of Health inspection: \_\_\_\_\_

14. Do employees, management, or caretakers, etc. live on premises year-round? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If no, please explain security/upkeep for premises: \_\_\_\_\_  
\_\_\_\_\_

15. Are doctors, nurses and/or certified medical personnel on the premises during camp? Yes No

If no, please explain medical procedures: \_\_\_\_\_  
\_\_\_\_\_

16. Do doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance? Yes No

17. Does camp obtain medical permission slips? *(If yes, please include copy.)* Yes No

18. Does camp require details regarding all prescription medicines being used by campers? Yes No

19. Distance of nearest hospital or emergency medical facility: \_\_\_\_\_ km

20. Does camp require an Acknowledgement of Risk/Consent Form to be signed by each camper and their parent(s)/guardian(s)? *(If yes, please attach copy.)* Yes No

21. Is camp responsible for campers' transportation to and from camp? Yes No

22. Are any camp sessions designated for the handicapped? Yes No

If yes, please describe any special features provided to accommodate handicapped people:  
\_\_\_\_\_  
\_\_\_\_\_

23. Describe cooking facilities including fire extinguishing system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Number of currently inspected fire extinguishers on site: \_\_\_\_\_  
Number of fire hydrants on or near premises: \_\_\_\_\_

25. Do all sleeping rooms have smoke detectors? Yes No

26. Do any on-site steam boilers (or other machinery) require certification to satisfy governmental requirements? Yes No

If yes, please provide the location, address, contact person and certificate expiration date:  
\_\_\_\_\_  
\_\_\_\_\_

27. Is camp leased to outside entities? Yes No

If yes, are Certificates of Insurance naming Camp as an Additional Insured required? Yes No

Are contracts/agreements signed with these entities? *(If yes, please submit sample.)* Yes No

Gross receipts from leased periods: \$ \_\_\_\_\_

During leased periods, does camp director/management or any other employees remain on the premises? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

28. Do activities take place during leased period that do not take place during usual camp operations? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## PERSONNEL

1. Ratio of counsellors to campers during activities: \_\_\_\_\_

2. Ratio of counsellors to campers during non-activity hours: \_\_\_\_\_

3. Are campers always attended by counsellors? Yes No

4. Minimum age of counsellors: \_\_\_\_\_

5. Percentage of counsellors who are returning from the previous year: \_\_\_\_\_%

6. Are training classes mandatory for counsellors? Yes No

7. Describe formal training, certification or previous experience required of counsellors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTIVITIES

1. Are any of the following activities provided by the camp? (Additional underwriting information may be required.)

- |                                                   |                                               |                                                          |                                               |
|---------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Tubing                   | <input type="checkbox"/> Motorcycles          | <input type="checkbox"/> Hang-Gliding                    | <input type="checkbox"/> Skin or Scuba Diving |
| <input type="checkbox"/> Flying                   | <input type="checkbox"/> Whitewater Canoeing  | <input type="checkbox"/> Go-Karts                        | <input type="checkbox"/> Kayaking             |
| <input type="checkbox"/> Gymnastics               | <input type="checkbox"/> Archery              | <input type="checkbox"/> ATVs, ATCs or Motorbikes        | <input type="checkbox"/> Trampolines          |
| <input type="checkbox"/> Motorized Off-Road Bikes | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Rafting                         | <input type="checkbox"/> Rock Climbing        |
| <input type="checkbox"/> Caving                   | <input type="checkbox"/> Rappelling           | <input type="checkbox"/> Rope Courses                    | <input type="checkbox"/> Alpine Skiing        |
| <input type="checkbox"/> Adventure Program        | <input type="checkbox"/> Rifle Ranges         | <input type="checkbox"/> Back Packing                    | <input type="checkbox"/> Bicycling            |
| <input type="checkbox"/> Blobs or Aqua Jumps      | <input type="checkbox"/> Water Skiing         | <input type="checkbox"/> Water Slides over 12' in height |                                               |

Does camp have a safety plan for all activities checked? (*If yes, please attach copy.*) Yes No

Does camp contract with others for program services for any of these activities? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are Certificates of Insurance provided? (*If yes, please attach sample.*) Yes No

Are any contracts signed with these groups? (*If yes, please attach copies.*) Yes No

Do any activities take place off the camp premises? Yes No

If yes, please explain including explanation of transportation:

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2. If shooting/rifle practice is provided, are all regulatory standards met? Yes No

3. Are saddled animals used? Yes No

If yes, number owned: \_\_\_\_\_ number hired: \_\_\_\_\_

If subcontracted, do you require certificate of insurance? Yes No

Is safety equipment (*i.e. helmets, heeled boots, long pants, etc.*) required? Yes No

4. Are horses available for riding during leased periods? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. If camp utilizes a pool:

Is it open to members of the public? Yes No

Maximum depth of swimming area: \_\_\_\_\_

Is it fenced? Yes No Height: \_\_\_\_\_

Are depth markings clearly visible in and around the pool? Yes No

Number of diving boards: \_\_\_\_\_ Height(s): \_\_\_\_\_

Number of waterslides/blobs etc.: \_\_\_\_\_

Describe any waterslides/blobs etc.: \_\_\_\_\_  
\_\_\_\_\_

Is a lifeguard provided? Yes No

Are rules posted at the pool area? Yes No

Any nighttime swimming allowed? Yes No

6. If camp utilizes a lake or pond:

Is it open to members of the public? Yes No

Maximum depth of swimming area: \_\_\_\_\_

Is swim area roped off? Yes No

Is signage posted clearly stating the depth of water and the rules for the lake/pond? Yes No

Number of diving boards: \_\_\_\_\_ Height(s): \_\_\_\_\_

Number of waterslides/blobs etc.: \_\_\_\_\_

Describe any waterslides/blobs etc.: \_\_\_\_\_  
\_\_\_\_\_

Is a lifeguard provided? Yes No

Rescue vehicle available? Yes No

Any nighttime swimming allowed? Yes No

7. Are there other bodies of water on premises (*not just those normally utilized*) Yes No

If yes, are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? Yes No

**8. If your camp provides any of the following activities, please complete:**

**TUBING / RAFTING / CANOEING / KAYAKING / SAILING / BOATING (List number of boats below.)**

Canoes \_\_\_\_\_  
Rowboats \_\_\_\_\_  
Sailboats \_\_\_\_\_

Kayaks \_\_\_\_\_  
Paddleboats \_\_\_\_\_  
Jet Skis \_\_\_\_\_

Motorboats under 76 HP \_\_\_\_\_  
Motorboats over 76HP \_\_\_\_\_

Are any boats over 21 feet in length? Yes No

Please explain uses for powered boats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are lifejackets, etc. required to be worn by each participant during all water activities? Yes No

Are campers always accompanied by qualified counsellors? Yes No

Are campers ever permitted to operate motorized boats? Yes No

Are lifeguards always in attendance during these activities? Yes No

Is area restricted to campers only during these activities? Yes No

Completely describe any "whitewater" exposures, including the experience of counsellors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GYMNASTICS**

1. Are floor exercises performed only? Yes No

2. List all apparatus used: \_\_\_\_\_  
\_\_\_\_\_

3. Is counsellor/instructor a certified gymnastics instructor? Yes No

If yes, do you require a copy of the certificate? Yes No

If no, please explain the instructor's qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Camper to counsellor ratio: \_\_\_\_\_

**ROPES COURSES**

1. Completely describe the area and type of high/low elements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the course inspected by a certified independent consultant? Yes No

If yes, by who? \_\_\_\_\_

3. Please list counsellor/instructor qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Camper to counsellor ratio: \_\_\_\_\_

**SKIN / SCUBA DIVING**

1. Please describe extent of activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list counsellors'/instructors' qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who provides equipment and fills tanks? \_\_\_\_\_

**Please attach copy of certification of insurance for diving instructors.**

4. Camper to counsellor ratio: \_\_\_\_\_

**CAVING**

1. Distance from camp location: \_\_\_\_\_

2. Cave type/size: \_\_\_\_\_

3. Activities while at cave: \_\_\_\_\_

4. Has the cave been approved for safety? Yes No

5. Counsellor qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Camper to Counsellor ratio: \_\_\_\_\_

**OVERNIGHT ACTIVITIES (Camp-outs or off-camp premises)**

1. Type of overnight exposures (such as backpacking, bicycling, canoe trips): \_\_\_\_\_  
\_\_\_\_\_

2. Please describe location(s): \_\_\_\_\_  
\_\_\_\_\_

3. Length of trips: \_\_\_\_\_

4. Counsellor Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Completely describe safety procedures, with medical emergency/rescue plans:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ROCK CLIMBING/RAPPELLING

1. Completely describe activities including a diagram of location (on separate sheet) showing height, indoor/outdoor, artificial/natural setting, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Please list counsellor/ instructor qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If certified, do you require a copy? Yes No
4. Please list equipment used: \_\_\_\_\_  
\_\_\_\_\_
5. Camper to counsellor ratio: \_\_\_\_\_

## BLOBS / WATER TRAMPOLINES (additional information required)

1. Please explain operational and training supervision of the attraction: \_\_\_\_\_  
\_\_\_\_\_
2. How are units stored when not in use? \_\_\_\_\_
3. Is the unit roped off from other swimmers? Yes No
4. Is the attraction in private or public waters? \_\_\_\_\_
5. Camper to counsellor ratio: \_\_\_\_\_

PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION:

- A. Camp brochure/literature defining activities
- B. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual
- C. Copy of camp Acknowledgement of Risk and Consent Form for campers
- D. Company copies of loss history for last five (5) years
- E. Diagrams and/or photos of camp including any natural or artificial hazards
- F. Brief resume of camp management personnel
- G. Copy of staff application and background check consent form (If applicable)
- H. Copy of contract/agreement used with lessors of premises

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date