



[Faith Organization Application]
CAMP SUPPLEMENT



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CAMP SUPPLEMENT

PART 1 GENERAL INFORMATION

Name of Camp: _____

Legal Address: _____

Year founded: _____ Annual revenues generated from camp operation? \$ _____

Name of contact person: _____

Position of contact person: _____ Telephone number of contact person: _____

Does the Faith Organization own and operate the Camp? Yes No

When does Camp open and close for the season? _____

Number of Campers enrolled? Day Camps: _____ Age range: _____ to _____
 Overnight: _____ Age range: _____ to _____

Web-Site address (if no web-site attach brochure): _____

Is your camp accredited with the Provincial Camping Association? Yes No

PART 2 PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION

Name of Prior Day Care Insurer: _____

Policy Number: _____ Number of Years Insured with Prior Insurer: _____

Expiry date of Policy: MM | DD | YYYY _____ Expiring Premium: MM | DD | YYYY _____

Has any Insurance Company cancelled or declined to renew an insurance policy for this Camp? Yes No
 If yes, please provide details of the circumstances: _____

Please provide information for all claims (insured or not), occurring in the last five years. If no claims, please check:

Date of claim	Description	Amount Paid or reserved
MM DD YYYY		\$
MM DD YYYY		\$
MM DD YYYY		\$
MM DD YYYY		\$

Broker Information – Is this Camp operation new business to your office? Yes No

Please attach the following to the application:- Camp Operating Procedures Manual; Diagram of Site Showing Detachment and Layout of Building; Colour Photographs of Buildings

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: _____ Signature of Officer: _____ Position: _____

PART 3 ACTIVITIES/SPORTS

List below all activities/sports which take place in the camp programme:

- Is there a swimming Pool? Yes No
- Is Yes, is it constructed to National Spa & Pool Institute (NSPI) design & construction standards? Yes No
- Depth of pool? _____ meters
- Are water depths clearly marked? Yes No
- Are 'No Diving' signs posted in shallow water? Yes No
- Is pool fenced and locked during the evening hours? Yes No
- Is a Certified Life Guard always present when pool is open? Yes No
- Is completion of "pre-camp" swim forms by parents or guardians required?
(Please attach a sample form) Yes No
- Is there testing of camper's swimming capabilities at start of camp? Yes No
- Is there a lake or ocean where swimming and water sports take place? Yes No

If the camp owns any watercraft please list details for each below:

Make & Model	Year	Length (feet)	Inboard or Outboard Motor & h.p.	Maximum Speed	Value
			h.p.	m.p.h.	\$
			h.p.	m.p.h.	\$
			h.p.	m.p.h.	\$
			h.p.	m.p.h.	\$

- Does waterskiing take place? Yes No
- Does white-water rafting take place? Yes No
- Are approved lifejackets always worn by boaters? Yes No
- Boating always supervised by trained counselors? Yes No
- Are parents/guardians required to provide child's medical history to the camp? Yes No
- Are staff who prepare meals trained in food safety handling procedures? Yes No
- If drinking water comes from a well, how often is it tested by local ministry? _____
- Is there written policy in place regarding use of insect repellent & appropriate clothing? Yes No

Number of licensed registered nurses and/or physicians at camp? _____

Nurses: _____

Physicians: _____

Do they carry their own Medical Malpractice insurance? Yes No

Is medication administered only by nurses or physicians? Nurses Physicians

Are all counselors trained in C.P.R. ? Yes No

Ratio of trained counselors to campers? _____

Are at least 2 reference checks completed for all counselors? Yes No

Does camp accept physically/mentally challenged children? Yes No

Is camp open to the general public?
If yes, please provide details: _____

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

PART 4 PHYSICAL RISK DETAILS

Year Built : _____

Distance to full-time Fire hall: _____

Kilometers

Construction: _____

Distance to Volunteer Fire hall: _____

Kilometers

Distance to Hydrants: _____

meters

Type of Heating System: _____

Type of Secondary Heating System, if any: _____

Are all buildings/cabins equipped with smoke/heat detectors/fire extinguishers? Yes No

Are main buildings equipped with lightning protection? Yes No

In kitchen, are hoods, ducts, filters, deep fryers & fans cleaned on a regular basis to prevent grease-build-up? Yes No

Is there an extinguishing system located above the cooking appliances/deep fryer? Yes No

If Yes, does it have a maintenance contract? Yes No

During the off-season, does a care-taker live on site? Yes No

Have arrangements been made with local police to patrol premises from time to time? Yes No

During the off-season is entrance to camp gated and locked? Yes No

Is the electrical wiring code compliant and checked periodically by an electrician? Yes No

Is smoking prohibited inside all buildings? Yes No

Are campfires supervised and always extinguished with water or sand before retiring for the evening? Yes No

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

PART 5 COVERAGES AND LIMITS SELECTED

Property (90% Co-insurance clause applies)

Select: Replacement Cost (RC) or Actual Cash Value(ACV)

Building **		\$
Stock **		\$
Equipment **		\$
Equipment Floater (provide list of equipment – year, make/model, serial # and individual values)	A.C.V	\$
Loss of Income – Gross Earnings (80% Co-insurance)		\$
Extra Expense		\$
Professional Fees		\$
Employee Dishonesty – Form A		\$

**** Attach separate schedule listing individual buildings, which describes they are used for the and limits for each one**

Liability

Commercial General Liability – each occurrence/aggregate	\$
Tenant’s Legal Liability – Broad Form	\$
Non Owned Automobile	\$
Employee Benefits	\$

Please complete separate applications if Umbrella Liability, Director’s & Officers Liability or P.S.A. Required