GLATFELTER PUBLIC PRACTICE℠
A Division of Glatfelter Insurance Group

Textbook Insurance program

CAMP QUESTIONNAIRE

Addendum to School Supplemental Application

Named Insured:

GENERAL INFORMATION

Name of Camp:

Location of Camp:

1. How long in existence? _____ How long under present management/ownership? _____
2. Type of Camp: ☐ Not for Profit ☐ Day Camp ☐ Resident Camp ☐ Combined Day/Resident
   ☐ Adventure ☐ Sport ☐ Dude/Guest Ranch ☐ Adult
   ☐ Family ☐ Other (please explain): _____
3. Describe any off-season use of camp: _____
   Rental Receipts $ _____
4. How are counselors screened, hired, and trained? _____
5. What are the qualifications and training of counselors relative to the activities they supervise?
6. Does the camp director have a risk management policy or safety program? ☐ Yes ☐ No
   If yes, please explain: _____
7. Does the camp have an emergency plan for forest fires or for serious injuries that may occur? ☐ Yes ☐ No
   If yes, please explain: _____
8. Is there a nurse or physician on the staff? ☐ Yes ☐ No
9. Is there an infirmary on site? ☐ Yes ☐ No
10. How close is the nearest hospital? _____

11. Are campers transported to any special activities off-site? Please explain: ☐ Yes ☐ No

What activities? _____

_____

_____

How are they transported? _____

_____

12. Does the camp participate in any of the following sports or activities?

Horseback riding	☐ Yes	☐ No	
Archery	☐ Yes	☐ No	
Hiking	☐ Yes	☐ No	
Boating	☐ Yes	☐ No	
Swimming	☐ Yes	☐ No	
Rifle Shooting	☐ Yes	☐ No	If yes, complete Rifle Range Questionnaire
Other: _____	☐ Yes	☐ No	Attach brochure

13. Please explain the training of the staff or any certifications they may hold with respect to any of the above activities.

_____

_____

_____

14. Please explain any safety techniques/equipment used during any of the above activities. _____

_____

_____

15. Sleeping Accommodations:

Number of: sleeping cabins:_____ campers each cabin: _____ counselors each cabin: _____

PROPERTY INFORMATION

1. Attach a map/diagram of the camp premises showing the location of all buildings and the distances between the buildings.
2. What is the distance to the nearest fire department? _____
3. What sources of water are available? _____
4. Are there fire hydrants at the camp? If yes, please indicate their locations on the map/diagram. ☐ Yes ☐ No
5. Do all cooking exposures meet all of the NFPA 96 Standards? ☐ N/A ☐ Yes ☐ No
6. Is there any use of candles, lanterns, or space heaters in any sleeping areas or tents? ☐ N/A ☐ Yes ☐ No
7. Do all sleeping quarters have: Smoke Detectors? ☐ Yes ☐ No
   Clearly marked and well lit Emergency Exits? ☐ Yes ☐ No
8. Does the camp have a year-round caretaker? ☐ Yes ☐ No
9. Does the caretaker live on premises? ☐ Yes ☐ No
10. How are buildings protected against vandalism when camp is closed? _____
11. Are written procedures followed at the end of camp season to prepare for the off season? ☐ N/A ☐ Yes ☐ No
12. Is camp personal property stored off premises during the off season? ☐ N/A ☐ Yes ☐ No

Comments/Additional Information: _____

_____

GENERAL LIABILITY INFORMATION

1. Determine the premium basis (number of camper days) by completing the following equation:

_____ # of campers per day X (multiplied by) _____ # of days camp in operation = _____ Total # of Camper Days

Example: 30 campers per day X 90 days camp is in operation = 2,700 Camper Days

Number of Saddle Animals: _____

Number of Boats-Motor or Sail, not for rent: _____

Number of other Boats – not for rent: _____ Describe: _____

Number of Nurses: _____

Number of other healthcare professional staff: _____ Describe: _____

2. Do all health care professionals carry their own Professional Liability Insurance: ☐ Yes ☐ No

3. Age of Campers: From _____ to _____ Number of Staff:_____
(youngest) (oldest)

4. Regular Camp Season: Begin Date: _____ End Date: _____

5. Are all campers and staff covered by an Accident & Health Policy? ☐ Yes ☐ No
6. Does the camp provide and enforce a written policy regarding areas that are off-limits? ☐ Yes ☐ No
7. Does the camp provide and enforce written procedures for the following:
   a. Food handling, disposal and storage? ☐ N/A – no food services ☐ Yes ☐ No
   b. Waste and sewage disposal? ☐ N/A – public services ☐ Yes ☐ No
   c. Drinking water quality? ☐ N/A – public water supply ☐ Yes ☐ No
   d. Swimming pool maintenance? ☐ N/A – no pool facilities ☐ Yes ☐ No
   e. Toilet, bathing, shower facilities use and maintenance? ☐ Yes ☐ No

SADDLE ANIMAL ACTIVITIES ☐ **NONE**

1. Does the camp provide and enforce written safety standards for all saddle animal activities: ☐ Yes ☐ No
2. Are instructor(s) qualified and over the age of 21? ☐ Yes ☐ No
3. Are instructors trained in emergency procedures and first aid? ☐ Yes ☐ No
4. What is the instructor/camper ratio? _____
5. Do the campers wear protective clothing:
   Riding shoes/boots ☐ Yes ☐ No
   Chest protective equipment ☐ Yes ☐ No
   Riding Helmet ☐ Yes ☐ No

WATER ACTIVITIES ☐ **NONE**

1. Do the campers swim in a:
   - Pool? ☐ Yes ☐ No
   - Lake? ☐ Yes ☐ No
   - Pond? ☐ Yes ☐ No
   - Other body of water? _____ ☐ Yes ☐ No

2. Does the swimming area have slides and/or diving boards? ☐ Yes ☐ No

   Describe, including height: _____

3. Is the use of Coast Guard approved flotation devices (life jackets) mandatory for both campers and staff participating in boating activities? ☐ Yes ☐ No
4. Do campers have to pass a swimming test in order to participate in water activities? ☐ Yes ☐ No
5. Is a lifeguard on duty at all times when campers are swimming? ☐ Yes ☐ No
6. Is a Water Safety Instructor with Advance Life Saving certification present during all water activities? ☐ Yes ☐ No
7. Does the Boating Program Director have a current certification from a Red Cross or Power Squadron small craft training program? ☐ N/A – no boating activities ☐ Yes ☐ No