



CAMP QUESTIONNAIRE FOR USE WITH: DAY & OVERNIGHT CAMPS

NOTES: We require a **minimum** of 14 days to provide a quote. Please include:

- Copy of Brochure and Camper Application
- Copy of most recent Fee Schedule
- Copy of past Insurance Policy

1. GENERAL INFORMATION:

(a) NAME OF CAMP: _____
 KEY CONTACT: _____
 ADDRESS: _____
 Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____

(b) Nature of Insured's activities/operations: _____

(c) Applicant is: _____ For Profit Organization or _____ Not For Profit Organization

(d) Applicant is: _____ a Corporation _____ a Partnership _____ a Sole Proprietor

If incorporated, Date: _____

(e) Governing Bodies, Officers, Trustees _____ number of each

Officers _____
 Board of Trustees _____
 Advisory Board Members _____

(f) Conducted business continuously since: _____

(g) Total Receipts for next twelve months: _____

(h) Present Insurer: _____

Expiry Date: _____ Premium: \$ _____

Is the present Insurer offering renewal? YES _____ NO _____

If "NO", why not? _____

Are they restricting cover? YES _____ NO _____

If "YES", why and how? _____



2. LIABILITY:

(a) Limit of Liability requested: \$ _____
 Level of Deductible requested: \$ _____

	Male	Female	Total	
(b) Number of Campers Up to Age 13	_____	_____	_____	Number of Counsellors
Number of Campers 14 to Age 18	_____	_____	_____	Number of Volunteers
Number of Campers 19 and Over	_____	_____	_____	Number of Camp Directors
Number of Camp Weeks:	_____			Number of Weekends with Groups
				Groups using Camp Facility:
Do you operate year round?				YES _____ NO _____
Do you operate on a limited basis during the winter?				YES _____ NO _____
If Yes, explain	_____			

Describe all activities which are usual to your normal camping program:

Describe any activities that are unique to your camp. i.e. horses, scuba, jet ski, rock climbing etc.

HORSES AND LIVESTOCK – Do you own your own? YES _____ NO _____

HORSES What program to you have in place for training horses. What Training and qualifications do the instructors have?

ROPES Do you have a ropes Course. Yes _____ No _____
 COURSE Do you attend a Ropes Course operated by another company? Yes ___ No _____

Provide Background on Instructors, Ropes Course Programs, Course Design, Safety Precautions, and what Certification your Course Design has.

Do you have a waterfront facility? YES _____ NO _____
 Describe: _____

Do you have a swimming pool? YES _____ NO _____ Depth _____

What is the minimum qualification you accept for staff involved with your aquatic program? i.e. Red Cross/Royal Life Saving etc.

Do you have staff trained in C.P.R. (Cardio Pulmonary Resuscitation)? YES _____ NO _____

Do you offer overnight canoeing trips away from your main camp? YES _____ NO _____

What is the minimum level of swimming proficiency that you require to allow campers to use canoes?

How many counsellors do you have accompany overnight trips and what program is in place to control campers?

What are the minimum age and qualifications you require of your:

1. Lifeguards: _____
2. Boat Operators: _____
3. Riding Instructors: _____
4. Counsellors: _____

Does your camp operate any watercraft? YES _____ NO _____

What Type? _____

Maximum Horsepower or speed: _____

Do you have a water skiing program? YES _____ NO _____



If yes, what restrictions do you impose? i.e. minimum swimming ability, minimum age, boat speed etc.

Do you have a full time nurse on staff?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Paid?	<input type="checkbox"/>		
	Volunteer?	<input type="checkbox"/>		
Is the nurse currently registered?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you carry medical malpractice insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If your nurse is a volunteer, does she carry her own malpractice insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

3. WAIVERS:

Are campers required to sign waivers of liability?
If yes, attach a copy of your waiver.

YES NO

Do you accept responsibility to supervise/administer medication?

YES NO

Are campers required to sign waivers for the administering of medications?

YES NO

Do you obtain O.H.I.P. numbers from campers and staff in the event hospital admission or emergency room treatment is required?

YES NO

Who in your organization is responsible for maintaining these records?

Does your camp own, rent, or use any vehicles?
If yes, please list:

YES NO

Are any of the vehicles used to transport campers to and from camp? If yes, please explain.

YES NO

Are any of the vehicles used to transport campers, during their stay, for camp activities? If yes, please explain. YES _____ NO _____

What procedure do you have to determine the qualifications of those staff that drive your vehicles?

What is the age of the youngest staff member that would drive vehicles on behalf of the camp?

Does your camp have access to, and make use of any vehicles that are rented, loaned or donated to the camp? If yes, please explain. YES _____ NO _____

4. PROPERTY:

What fire prevention program do you have in place?

Do you have fire drills with your counsellors? How often? YES _____ NO _____



In your opinion, what is the maximum probable loss the camp would sustain in the event of a fire?

Describe the type of construction used in all your buildings and attach photos (preferably digital)

How are your buildings heated?

Describe what facilities you have on your premises to contain or extinguish a fire before a fire department can attend?

What is the distance to the nearest responding firehall? _____

Where is it located? _____

Do you have an automatic fire alarm system?

YES _____

NO _____

If yes, describe:

If you do deep-fat frying, do you have a CO2 system and is it under a service contract?

Name of Service Contractor: _____

5. MISCELLANEOUS:

List all boats and include their serial number (if applicable), showing the replacement value of each/



List all Contents, Buildings, and Camp Equipment such as canoes, sailboards, sports equipment etc. showing a total replacement value for each group of equipment. i.e. 20 canoes valued at \$80,000:

Buildings:

Contents:

Office Contents:

Misc. Items:

Canoes:

Boats:

Sport Equipment:

Other:

List all camp equipment such as tools, maintenance equipment, riding mowers, power tools, generators, etc. showing the replacement value for each group. If there is any item in excess of \$1,000, describe it separately:

Do you have any boilers or air compressors on your premises? YES _____ NO _____
If yes, describe:

Do you have any hydro transformers on your premises? YES _____ NO _____
If yes, do you own them or does the utility own them? YES _____ NO _____

Explain:

PROPERTY DESCRIPTION:

- Please Provide by Email or mail us photos of all buildings
- Layout - Attach a camp layout showing the distances between each building
- Inspection and Upkeep - Who inspects the property and maintains the property and services the facility? How often?



CLAIMS – List and describe any claims your camp has had during the past 5 years:

PLEASE ATTACH A COPY OF YOUR MOST RECENT BROCHURE AND FEE SCHEDULE

IF ADDITIONAL SPACE IS REQUIRED FOR ANY ANSWER, PLEASE USE THE REVERSE SIDE OF THIS FORM OR ATTACH SEPARATE PAGES