

SPORTS & RECREATION CAMPS QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Attach to an ACORD Application
- Attach a copy of your participant waiver

1. Web site _____
2. Do you require all members, guests and other users of your facilities or participants in your programs and facilities to sign a participant waiver? *(Please attach copy)* ___ Yes ___ No
3. Total number of full time employees _____ and part time employees _____
4. Please complete below **or** provide a Schedule of Camps with below info for each Camp.
 - a. Day Camp:
 - i. Average number of Campers per Day _____
 - ii. How many Days does the Day camp operate? _____
 - b. Overnight Camp:
 - i. Average number of Campers per Day _____
 - ii. How many Days does the Overnight camp operate? _____
5. Is staff certified to handle medical emergencies? ___ Yes ___ No
6. Do you have a written plan for staff to follow during medical emergencies? ___ Yes ___ No
7. What activities, teams or leagues do you provide? *(Please check all that apply – or attach brochure providing similar information)*

___ Biking	___ Ropes course	___ Baseball – Ages _____
___ Canoeing/Kayaking	___ Sailing	___ Basketball – Ages _____
___ Climbing Wall	___ Swimming	___ Football, Flag – Ages _____
___ Fishing	___ Target Shooting	___ Football, Tackle – Ages _____
___ Horseback riding	___ Water Skiing	___ Gymnastics – Ages _____
___ Martial Arts	___ Horse riding	___ Soccer – Ages _____
___ Racquetball	___ Wrestling	___ Softball – Ages _____
___ Rock climbing wall	___ Zip Line	___ Tennis – Ages _____
___ Other (Please Describe) _____		

8. Are all participants required to wear the appropriate padding and safety equipment? ___ Yes ___ No
9. Are facilities inspected before every use? ___ Yes ___ No

For Questions 10 through 58, please indicate whether or not the listed exposure exists, and answer only the questions related to the existing exposures.

Zip Lines ___ Exposure Exists ___ No Exposure Exists

10. Number of Zip lines _____ Height of Zip Line _____

11. Safety Procedures _____

Swimming Pools/Whirlpools/Sauna/Lakes ☐ Exposure Exists ☐ No Exposure Exists

12. How many of the following do you have?

☐ Swimming Pools ☐ Whirlpools ☐ Steam Sauna ☐ Dry Sauna ☐ Lakes
☐ Diving boards, list height(s) _____
☐ Pool Slides, please describe _____
☐ Water park areas, please describe equipment in this area _____

If large curve or tube slides, do you have employees at the top and bottom for safety? ☐ Yes ☐ No

13. Are pool depths clearly marked? ☐ Yes ☐ No

14. Any water toys, trampolines or slides? ☐ Yes ☐ No
If yes describe what, how high and water depth for each water toy _____

15. Is there always a lifeguard on duty during pool/swimming operating hours? ☐ Yes ☐ No

16. Are you in full compliance with the Virginia Graeme Bakers Pool and Spa Safety Act? ☐ Yes ☐ No
If no, please describe your plans for compliance and expected date to be in compliance: _____

Shooting Sports ☐ Exposure Exists ☐ No Exposure Exists

17. Number:

Archery Range – Indoor _____
Archery Range – Outdoor _____
Rifle or Pistol Ranges – Indoor _____
Rifle or Pistol Ranges – Outdoor _____
Skeet Shooting or Trap Shooting Ranges _____
Sporting Clay ranges _____

18. Is a range master or supervisor on premises during shooting hours? ☐ Yes ☐ No

19. Is the premises secured and locked when not operating? ☐ Yes ☐ No

20. What is the maximum distance of ranges? _____

21. What type of backstop or berm is used? _____

22. Are range rules and safety guidelines clearly posted? ☐ Yes ☐ No

Climbing Wall ☐ Exposure Exists ☐ No Exposure Exists

23. Number of walls; Height of walls _____

24. Manufacturer of walls: _____

25. Were the walls constructed by a contractor who provided you with a certificate of insurance? ☐ Yes ☐ No

26. Please describe what type of belay equipment is used? _____

27. How often are the walls and belay systems inspected? _____

28. Who inspects the walls and belay systems? _____

29. Are inspection findings documented? ☐ Yes ☐ No

30. Are maintenance records kept? ☐ Yes ☐ No

31. Do you provide equipment for participants, such as helmets, harnesses, belay devices, etc? ☐ Yes ☐ No
If yes, do you inspect all equipment after each use? ☐ Yes ☐ No

32. Are any walls portable? ☐ Yes ☐ No

33. If yes, do you set up and operate all off-site usage? ☐ Yes ☐ No

34. Do you offer belay instruction and certification? ☐ Yes ☐ No

35. Are safety rules clearly posted? ☐ Yes ☐ No

36. Are all participants required to sign a waiver? *(Please attach a copy of waiver.)* ☐ Yes ☐ No
37. Do you require all belayers to be certified? ☐ Yes ☐ No

Horse & Stable Operations ☐ Exposure Exists ☐ No Exposure Exists

38. Do you Post a copy of the State Equine Law Posting?
(Please attach a Photo of the posting) ☐ Yes ☐ No
39. What type of fence is used on runs or pastures? _____
40. Describe the condition of the fencing _____
41. Is there a riding arena? ☐ Yes ☐ No
If yes, please provide the total square feet _____
42. Are there any farming operations on the premises? ☐ Yes ☐ No
If yes, is there separate insurance coverage in force for the farming operations? ☐ Yes ☐ No
43. Do you breed or sell horses? ☐ Yes ☐ No
If yes, how many horses are sold per year _____
44. Do you own and keep any of your own horses on premises? ☐ Yes ☐ No
If yes, how many? _____
45. Do you Board horses? ☐ Yes ☐ No
If yes,
a. What is the maximum number of horses that can be boarded? _____
b. Prior to allowing client's horses on premises, do you require a copy of a
veterinarian report certifying the horse's health? ☐ Yes ☐ No
c. Does the boarding contract include the State Equine Law verbiage? ☐ Yes ☐ No
46. Are all riders required to wear helmets? ☐ Yes ☐ No
If no,
a. Are riders that do not wear helmets a minimum of 18 years old ☐ Yes ☐ No
b. Is there a signed waiver including information on the dangers of riding
without a helmet? ☐ Yes ☐ No
47. Do you repair damaged tack for:
a. Yourself? ☐ Yes ☐ No
b. Others? ☐ Yes ☐ No
If yes for others, please explain _____
48. Describe on-trail emergency procedures _____
49. Does the applicant sponsor any Exhibitions or Special Events? ☐ Yes ☐ No
50. Does the applicant offer any training? ☐ Yes ☐ No
If yes, are the horse trainers
a. Employees? ☐ Yes ☐ No
b. Independent contractors? ☐ Yes ☐ No
If independent contractors, what is the total annual cost paid to contractors? \$ _____
51. Do you verify trainers have their own general liability insurance with minimum
limits equal to your own and require a Certificate of Insurance listing you as
an additional insured? ☐ Yes ☐ No
52. Do you allow training for any of the following stunts on your premises? (please check all that apply)
☐ Jumping ☐ Barrel racing ☐ Rodeo tricks ☐ Roping ☐ Obstacle course
53. Are any of the applicant's horses used for Trail Riding or Training? ☐ Yes ☐ No
If yes, how many used for Trail Riding? _____ Training? _____
54. Are the trails only open to campers? ☐ Yes ☐ No

55. How many miles of trails are there on the premises? _____
56. Do any trails cross or run next to public roadways or highways? _____ Yes _____ No
If yes, please describe _____
57. Does the applicant or a trainer accompany riders on all trail rides? _____ Yes _____ No
58. Are riders allowed to bring their own horses on the premises to ride? _____ Yes _____ No

Participant Liability

59. Please indicate which of the following you'd like to quote:
_____ Including Liability for injury to participants _____ Excluding Liability for injury to participants

Recreational Vehicles

60. Do you use any unlicensed vehicles such as ATVs, Snowmobiles, Golf Carts or Other? _____ Yes _____ No
If yes, _____
- a. Do you use them to transport clients? _____ Yes _____ No
- b. Are helmets required? _____ Yes _____ No
- c. How many of each? _____
- d. If any ATVs or Snowmobiles, will they be kept in a locked storage facility and their keys kept in a separate secured location? _____ Yes _____ No

Auto Coverage

61. Do you transport participants? _____ Yes _____ No
If yes, do you transport them
_____ In Your Vehicles _____ Employee/Volunteer Vehicles _____ Charter a bus
62. Please indicate if you would like to include a quote for Hired and Non-owned Auto Liability:
_____ No thanks
_____ Yes, please include a quote at limit equal to the liability occurrence limit

Excess Medical Payments Coverage

63. Please indicate if you would like to include a quote for Excess Med Pay for participants:
_____ No thanks
_____ Yes, please include a quote for \$1,000 Excess Med Pay per participant
_____ Yes, please include a quote for \$2,500 Excess Med Pay per participant
_____ Yes, please include a quote for \$5,000 Excess Med Pay per participant
_____ Yes, please include a quote for \$10,000 Excess Med Pay per participant

Abuse and Molestation

64. Please indicate if you would like to include a quote for Abuse and Molestation Liability:
_____ No thanks
_____ Yes, please include a quote for Abuse and Molestation Liability within my General Liability limits.

Completion of the following abuse and molestation liability coverage questions is mandatory for Illinois and Kansas. For any other state, complete the following abuse and molestation liability coverage questions only if you want to include this coverage.

65. Prior to employment, do you perform criminal background checks on all employees and volunteers? _____ Yes _____ No
If yes, how often do you run background checks on existing employees and volunteers? _____
66. At the time of orientation, do you discuss and provide literature on how to recognize the signs of abuse and what to do if an allegation of abuse is made? _____ Yes _____ No

67. Has there ever been an allegation of abuse made against your organization or any of its members? ___ Yes ___ No
If yes, please explain _____
68. Are you aware of any incident that could give rise to an allegation of abuse? ___ Yes ___ No
69. Do you ever allow any of your workers to be alone, one-on-one with a child? ___ Yes ___ No

Warranty Statement

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this application does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date