



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

1. How did you hear about us?		2. Name of Insured:	
3. Insured Email:		4. DBA:	
5. Mailing Address:			
6. Contact Person:		FEIN/SS#:	
7. Person is: <input type="checkbox"/> Owner <input type="checkbox"/> Promoter <input type="checkbox"/> Agent <input type="checkbox"/> Other:			
8. Camp Season Phone:		Off Season Phone:	Fax:
9. Name of Agency/Brokerage:			
Contact Person:		E-mail Address	
Mailing Address:			
Phone:		Fax:	
10. Camp Website			
11. Insured is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> For Profit <input type="checkbox"/> 501 3C Non Profit			
12. # of years in business:		# of years under present management:	
13. State the location in which the organization is headquartered/chartered:			
14. Policy period requested: From:		To:	
15. Has your coverage ever been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, why:			
Please describe any prior losses over \$5,000:			



Section 2: Coverage Information

ADDITIONAL INSUREDS	RELATIONSHIP	ADDRESS

13. Location of camp:

14. Location of off-premises office:

Is off-premises office located in a commercial building or residence? Yes No

Total sq. footage of off-premises office:

Any other insured locations:

15. List all other operations of the named insured, that are not camp related (ie. missionary work, school, nursery or day care program, church operations, etc.):

16. Is the camp accredited by: **ACA:** Yes No **CCCA:** Yes No Other:

17. Are the camp directors accredited? Yes No If yes by whom:

18. Type of camp (Check all that apply): Day Camp Resident Camp Travel Camp Sports Camp Special Needs Adult

19. Date camp opens:

Closes:

Camper Days: A. Average number of campers per day:

B. Number of days per week:

C. Number of weeks per year:

Total Number of camper days (A x B x C) =

• If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.

20. Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses? Yes No If yes explain:

21. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? Yes No



Section 2: Coverage Information (continued)

22. Date of last board of health inspection:

23. Do employees, management, or caretakers, etc. live on premises annually? Yes No
 If yes, whom: _____ How many units do they occupy? _____
 If not, explain security/maintenance for premises in the "off-season": _____

24. Are all buildings at the insured premises owned by the named insured? Yes No
 If no, please specify: _____

25. Do you have volunteers? Yes No If yes, for what position(s)? _____

26. Are doctors, nurses &/or certified medical personnel on the premises during camp? Yes No
 If not, explain medical procedures: _____
 Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum \$500,000 limit? Yes No
 Does camp obtain medical permission slips? (If yes, attach copy) Yes No
 Does camp require details regarding all prescription medicines being used by campers?
 Yes No
 The nearest hospital or emergency medical facility is _____ miles away.

27. Does camp carry primary accident medical and/or sickness insurance? Yes No
 If yes, name of insurer? _____ Limit per camper? _____
 Would you like a quote for excess camper medical insurance? Yes No

28. Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s) (If yes, attach copy)? Yes No
 Describe cooking facilities (ie. deepfryers, grills, ovens, etc.): _____

Is there an Ansul or similar automatic fire protection system over all cooking surfaces? Yes No
 If yes, what type: _____ If no, explain: _____
 Distance to nearest fire station: _____ Paid Fire Department Volunteer Fire Department
 Distance to nearest fire hydrant from the insured premises: _____

Do all sleeping rooms have smoke detectors? Yes No
 Are any buildings sprinklered? Yes No If so, which ones: _____

Section 3: Conference/Rentals/Leasing N/A

1. Is camp leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?

Yes No

If yes, are certificates of insurance naming camp as an additional insured required? Yes No

Are limits of \$1,000,000 required? Yes No | If no, explain:

2. Are contracts/agreements signed with these entities (If yes, attach sample)? Yes No

3. Gross receipts from leased periods: \$

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

If yes, please explain:

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

If yes, please explain:

6. Do you sell or furnish liquor during leased periods? Yes No

If yes, please complete the Liquor Liability Application.

Section 4: Personnel

1. Ratio of counselors to campers during activities:

Ratio of counselors to campers during non-activity hours:

2. Are campers always attended by counselors? Yes No | Minimum age of counselors:

Do you have a Counselor in Training (CIT) or similar program? Yes No

If yes, what is the minimum age for the program?

Percentage of counselors who are returning from the previous year?

Are training classes mandatory for counselors? Yes No

Describe formal training, certification or previous experience required of counselors:

Section 5: Transportation

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

2. Do you allow any camp employees or volunteers to transport campers in their personal vehicles?

Yes No *If yes, please complete the Employee/Volunteer Transportation Questionnaire.*

Section 5: Transportation (continued)

3. Does camp hire: Vans Buses Other

Annual cost to hire vehicles:

A. Where the camp must insure the vehicle \$ (Primary)

B. Where the lessor insures the vehicle \$ (Excess) *

**Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.*

4. Minimum age of drivers who transport campers?

5. Minimum age of drivers not transporting campers?

6. Is a fleet safety program in place? Yes No

If yes, please describe:

7. Are vehicles ever loaned or given to employees for their use? Yes No

8. Who is responsible for maintenance of vehicles?

9. Do you own 15-passenger buses or vans? Yes No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling:

Section 6: Activities

1. Are any of the following activities provided by the camp (Additional underwriting information may be required)? Adventure program Alpine skiing Archery ATVs/dirt bikes Bicycling Back packing Caving Circus activities Cross country skiing Farming Fireworks Field sports Go-karts Gymnastics Inflatable elements, # Mountain boarding Paintball Petting zoo Rappelling Rifle ranges, # Rock climbing/climbing wall Rope courses Saddle animals Skateboarding ramps/jumps Skin or scuba diving Trampolines, # Bungee trampolines, # Tubing Water skiing Waterslides over 15' in height, # Whitewater canoeing/kayaking/rafting Zip lines, # Other Other

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

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

If yes, please explain:

4. Are certificates of insurance provided (If yes, attach sample)? Yes No

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

Section 6: Activities (continued)

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

If yes, please explain, including explanation of transportation:

7. If shooting/riflery is provided, are NRA standards met? N/A Yes No

Section 6a: Inflatable Elements N/A

1. Type of inflatable (official name):

2. Average number of participants/campers for each inflatable:

3. Age group for each inflatable:

4. Are inflatables: Owned Leased/Rented

5. Are inflatables: Kept on premises Taken on premises Both

6. Are all employees/lifeguards trained in the operation rules of the inflatable element usage?
 Yes No

7. Are rules posted for all users? Yes No

8. How will the unit(s) be protected from unauthorized use?

9. Are there any requirements to enter the inflatable? (removal of shoes, glasses. etc)

10. Are there any restrictions in place for inclement weather? (ie: wind, rain, etc) Yes No
If yes, please explain:

11. Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? Yes No

Section 6b: Specific to water based elements only N/A

1. Are the element(s) maintained at all times (when in use) in at least 6' of water? Yes No

2. Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Yes No

3. Will diving off any of the element(s) be permitted? Yes No

4. Are lifejackets required? Yes No

5. Are the units permanently anchored in the lake/body of water? Yes No

6. Will any element(s) be pulled by a motorboat? Yes No

Section 6c: Saddle Animals N/A

1. Number owned or leased:	Used at outside stable:
2. If subcontracted, are certificates of insurance naming camp as additional insured required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are limits of \$1,000,000 required? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
4. Is safety equipment (e.g. helmets, heeled boots, long pants, etc.) required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are horses available for riding during leased periods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
6. Are instructors CHA certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are all saddle animals vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6d: Petting Zoo N/A

1. What kind of animals?
2. Are all animals properly vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a hand washing station? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Section 6e: Waterslide (over 15ft in height) N/A

1. Are there attendants at the top and bottom of the slide(s) to monitor and space participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What is the height of each slide?	What is the length of each slide?
3. Is the slide maintained by a qualified maintenance person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is head first sliding allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are there signs posted to instruct patrons on proper behavior and riding techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:	

Section 6f: If Camp Utilizes a Pool N/A

1. Total number of pools:	Maximum depth of swimming area:
2. Is it open to members of the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height:
4. Are depth markings clearly visible in and around the pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Number of diving boards:	Height:
6. Depth of water at diving board entry:	Is a lifeguard provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ratio of swimmers to lifeguards:	Are lifeguards certified? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6f: If Camp Utilizes a Pool (continued)

If certified, by whom?

7. Are rules posted at pool area? Yes No

8. Any nighttime swimming allowed? Yes No

If yes, is pool lighted? Yes No

9. Total number of lakes, ponds or rivers:

Section 6g: If Camp Utilizes a Lake, Pond or River N/A

1. Is it open to members of the public? Yes No

Maximum depth of swimming area:

2. Is swim area roped off? Yes No

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

4. Number of diving boards:

Height:

Depth of water at diving board entry:

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards:

Are lifeguards certified? Yes No

If certified, by whom?

Rescue vehicle available? Yes No

5. Any nighttime swimming allowed? Yes No

If yes, describe lighting:

6. Are there other bodies of water on premises (not just those normally utilized) and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use?

Yes No

7. Are your pools/spa's compliant with the Virginia Graeme Baker Pool & Spa Safety Act?

Yes No

Section 6h: Tubing, Rafting, Canoeing, Kayaking, Sailing or Boating N/A

1. If your camp provides any of the following, please list the # of boats in each category below:

Canoes

Rowboats

Sailboats

Kayaks

Paddleboats

Personal Watercraft

Motorboats under 76 HP

Motorboats over 76 HP

Are any boats over 21' in length? Yes No

How many?

3. Explain uses for powered boats and personal watercraft:

4. Are lifejackets, etc. required to be worn by each participant during all water activities?

Yes No

5. Are campers always accompanied by qualified counselors? Yes No

Section 6h: Tubing, Rafting, Canoeing, Kayaking, Sailing or Boating (continued)

6. Are campers ever permitted to operate motorized boats? Yes No
7. Are lifeguards always in attendance during these activities? Yes No
8. Is area restricted to campers only during these activities? Yes No
9. Completely describe any "white water" exposures, including the experience of counselors:

Section 6i: Gymnastics N/A

1. Floor exercises only? Yes No
2. List all apparatus used:
3. Is counselor/instructor a certified USGA gymnastics instructor? Yes No
- If so, do you require a copy of the certificate? Yes No
- If not, explain the instructor's qualifications:

Section 6j: Ropes Courses / Zip Lines N/A

1. Completely describe the area and type of high/low elements:
2. Is the course inspected annually by a certified independent consultant (ACCT/PVM; AEE; PRCA)? Yes No By whom?
3. Describe staff training (by whom, how often, confirmation that all ropes course staff are included in the training):

Section 6k: Skateboarding / Skatepark N/A

1. Is safety equipment (helmet, knee pads, elbow pads, etc.) required? Yes No
2. If elements/obstacles are present (ramps, rails, boxes, banks, quarterpipes, etc.) please describe and indicate size of each?

Section 6L: Skateboarding / Skatepark (continued)

3. If halfpipe, indicate height:

4. How is skatepark protected from unauthorized usage?

Section 6m: Climbing Walls / Rock Climbing / Rappelling N/A

1. Number of indoor climbing walls: Stationary/permanent: Moveable:

2. Number of outdoor climbing walls: Stationary/permanent: Moveable:

3. List equipment used:

4. List counselors/instructors qualifications:

Section 6n: Caving N/A

1. Cave type: Vertical Horizontal If vertical, how deep?

Has the cave been approved for safety? Yes No

Section 7: Sexual Abuse/Molestation

1. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No

2. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her? Yes No

3. Do you have a plan of supervision that monitors staff in day to day living relationships with campers? Yes No

4. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No *If yes, please attach copy*

If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No

5. Does your state permit you to do criminal background investigations on staff members?
 Yes No

a) If yes, do you request & receive background investigations on all staff members? Yes No

b) If yes, who provides service?

6. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp?
 Yes No

Section 7: Sexual Abuse/Molestation (continued)

a) Was a claim made against your camp? Yes No

If yes, please provide details of the claim/incident:

b) How much money was paid as damages to the victim?

c) What has been done to prevent such occurrences from happening in the future?

7. If you have volunteers, are the answers to the questions above the same? Yes Not applicable, we have no volunteers. No, please explain:



Section 8: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 9 : WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 10: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: