



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:			



## Camp Application

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### Section 2: Coverage Information

ADDITIONAL INSURED	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



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### 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: Total # of employees:

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 there 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



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### 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: