

**"THE COUNSELOR" CAMP INSURANCE
RENEWAL QUESTIONNAIRE**

Section I – General Information

Expiring Policy # _____

Insured's Name: _____

Primary Contact's Name: _____ Phone: (____) _____ Fax: (____) _____

Email Address: _____ Website: _____

Effective Date Desired: _____ Expiration Date Desired: _____

Dates of Camp: _____ to _____

All locations:

1. Have you entered into any new businesses and/or operations or acquired any new entities? Yes No
If yes, describe in detail: _____

2. Have you discontinued any businesses and/or operations? Yes No
If yes, describe: _____

3. Have you acquired, leased or sold any locations? Yes No
If yes, attach a list with address(es), limits, coverages and occupancy(ies).

4. Please check all activities offered:

- | | | |
|--|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Gymnastics* | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Ballooning** | <input type="checkbox"/> Hang Gliding** | <input type="checkbox"/> Sail Boarding |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey, Ice** | <input type="checkbox"/> Scuba Diving* |
| <input type="checkbox"/> Bicycle Trips | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Shooting/Rifle Range |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Hunting** | <input type="checkbox"/> Skateboarding* |
| <input type="checkbox"/> Boxing** | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing, Cross Country |
| <input type="checkbox"/> Bungee Jumping** | <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Skiing, Downhill/Alpine* |
| <input type="checkbox"/> Bungee Trampoline** | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Skiing, Water |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Martial Arts* | <input type="checkbox"/> Sky Diving** |
| <input type="checkbox"/> Caving* | <input type="checkbox"/> Motorbikes/Minibikes | <input type="checkbox"/> Solo Trips |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Motorcycles/ATV's* | <input type="checkbox"/> Surfing* |
| <input type="checkbox"/> Cheerleading* | <input type="checkbox"/> Mountain Biking* | <input type="checkbox"/> Trampoline** |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Mountain Boarding* | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Paintball* | <input type="checkbox"/> Water Blobs* |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parasailing** | <input type="checkbox"/> Water Trampoline* |
| <input type="checkbox"/> Fireworks Displays at | <input type="checkbox"/> Rappelling/Rock Climbing* | <input type="checkbox"/> Whitewater Rafting* |
| <input type="checkbox"/> Camp* | <input type="checkbox"/> Rocketry, Model rockets | <input type="checkbox"/> Windsurfing* |
| <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Roller Skating/In-Line | <input type="checkbox"/> Woodworking* |
| <input type="checkbox"/> Flying** | <input type="checkbox"/> Skating | <input type="checkbox"/> Working Farms |
| <input type="checkbox"/> Football (tackle)** | <input type="checkbox"/> Ropes Courses/Climbing | <input type="checkbox"/> Wrestling* |
| <input type="checkbox"/> Football (touch or flag) | <input type="checkbox"/> Towers* | |
| <input type="checkbox"/> Go Karts* | <input type="checkbox"/> Rugby* | |
| <input type="checkbox"/> Other, including extreme sports (Describe): _____ | | |

*** Please attach a copy of the safety plan for these activities. ** These activities are excluded.**

5. Have you changed any of the types of activities or services offered at the facility? Yes No

If yes, describe: _____

6. Please provide the following updated information by location. Use additional paper if necessary.

	Loc. #1	Loc. #2	Loc. #3
Number of camper days	# campers per day _____ # days per session _____ # sessions per year _____	# campers per day _____ # days per session _____ # sessions per year _____	# campers per day _____ # days per session _____ # sessions per year _____
Receipts from rentals to outside groups	\$ _____	\$ _____	\$ _____
New Additional Insureds	Name _____	Name _____	Name _____
	Address _____ _____	Address _____ _____	Address _____ _____
	Relationship to you: _____ _____	Relationship to you: _____ _____	Relationship to you: _____ _____
	_____	_____	_____

7. *Please attach a copy of your most current high ropes course and climbing wall inspection(s).*

8. *Please attach a new Statement of Property Values that reflects all updated values, additions, alterations and deletions.*

ADDITIONAL REMARKS AND OTHER CHANGES (attach separate paper if necessary):

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____