



CAMP QUESTIONNAIRE *

1. Applicant's Name: _____
 2. Camp Name: _____
 3. Camp Location: _____

 4. Contact Person at Camp: _____
Telephone Number: _____
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5. Number of acres Camp is on: _____
6. Is Camp open year-round? Yes ___ No ___
7. Number of sessions per season: _____
8. Number of Camper Days: _____
9. Number of Campers per Session: _____
10. Age of Campers: _____
11. Number of Physically Handicapped: _____
12. Number of Counselors: _____
13. Ratio of Counselors to Campers: _____
14. Is there food preparation? Yes ___ No ___
15. Does Dining Hall have a full kitchen? Yes ___ No ___
16. Number of Cabins: _____
17. Distance between buildings: _____

18. **Number of cots per cabin:** _____
19. **Construction of cabins:** _____
20. **Are there heat/smoke detectors in each cabin?** Yes ___ No ___
21. **How are cabins heated?** _____
22. **Are Camp facilities inspected by State?** Yes ___ No ___
How often? _____
23. **How do children get to camp?** _____
24. **In case of fire, what are the emergency procedures?** _____

25. **Distance to Fire Department:** _____
26. **Access to water:** _____

ACTIVITIES

27. **Does camp have swimming facilities?** Yes ___ No ___
 If yes, please describe: _____

- a. **Swimming hours posted and adhered to?** Yes ___ No ___
- b. **Describe safety precautions:** _____
28. **Does camp have horseback riding?** Yes ___ No ___
 If yes, explain safety procedures, paths, who owns horses, etc.: _____

29. **Does camp have boats/canoes?** Yes ___ No ___
 If yes, specify number and kind used: _____

30. **Does camp have archery range?** Yes ___ No ___

31. Does camp have gun range? Yes ___ No ___

32. Does camp have hiking activities? Yes ___ No ___

33. Other activities, please describe: _____

STAFF

34. Do you have any medical emergency plans in place? Yes ___ No ___
If yes, please list type/number of staff trained in medical field: _____

35. Does Camp Director have risk management policy? Yes ___ No ___

36. Age of Counselors: _____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY.

Signature of Applicant

Title

Date Signed