



Care Providers Insurance Services, LLC  
 19111 N. Dallas Parkway, Suite 250  
 Dallas, TX 75287  
 Tel: 800-620-9314 Fax: 800-224-7145

## School/Educational Facilities Supplemental Application

Applicant Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City/St: \_\_\_\_\_ Zip \_\_\_\_\_  
 Key Contact: \_\_\_\_\_ Contact Tel: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Website: \_\_\_\_\_ Policy Eff Date: \_\_\_\_\_ to \_\_\_\_\_

<b>Insurance Agent Name</b>	
Agency Name: _____	City/State: _____
Contact Person: _____	Tel #: _____ email: _____

For Profit <input type="checkbox"/>		Non-Profit <input type="checkbox"/>
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Year Business Established \_\_\_\_\_ Years Under Present Management \_\_\_\_\_

Indicate all Programs administered by the Insured (check all that apply):

Private School	<input type="checkbox"/>	Boarding/Residential	<input type="checkbox"/>
Charter School	<input type="checkbox"/>	Virtual/Online	<input type="checkbox"/>
Day Care / Preschool	<input type="checkbox"/>	GED Programs	<input type="checkbox"/>
Home/Independent Study	<input type="checkbox"/>	Before & After School Care	<input type="checkbox"/>
Montessori	<input type="checkbox"/>	Rabbinical College	<input type="checkbox"/>
Schools - Special Needs	<input type="checkbox"/>	Vocational/Job Training	<input type="checkbox"/>
Schools – Troubled Youth/Alternative School	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

### A. General Information

1. Total Number of Employees \_\_\_\_\_ Total Number of Volunteers \_\_\_\_\_
2. Do you have all required licenses? Yes  No  Are they current? Yes  No
3. New charter schools – Have you been granted your charter? Yes  No  **If yes, please attach approval letter.**
4. Has any Charter/Accreditation ever been lost, revoked or suspended? Yes  No  If yes, explain: \_\_\_\_\_
5. Describe the background and qualifications of the director or principal: \_\_\_\_\_
6. Do you sell any goods or services to others? Yes  No 

Products _____	Annual Receipts _____
Services _____	Annual Receipts _____
7. Do you operate a religious institution in conjunction with the school? Yes  No
8. Do you offer a Drivers Education Program? Yes  No

9. Do you have any field trips? Yes  No  If Yes, number per year \_\_\_\_\_
- a) What is the maximum distance traveled? \_\_\_\_\_
  - b) Are any overnight? Yes  No
  - c) Are release forms obtained? Yes  No
  - d) What is the ratio of Chaperone:Student? \_\_\_\_\_
  - e) Describe the types of trips: \_\_\_\_\_
  - f) What measures are taken to assure no one is left behind? \_\_\_\_\_

10. Afterschool program that enrolls children not attending the school? Yes  No
- a) If yes: # of non-school children: \_\_\_\_\_
  - b) What activities are offered in this program? \_\_\_\_\_
  - c) Does the school sponsor activities off site? Yes  No  If yes, please provide:  
Specify activities: \_\_\_\_\_
  - Are permission slips obtained? Yes  No

11. Number of staff/students per location. **Table below must be complete for a quote:**

Location Address	# Children Day Care	# Students Pre K-8 <sup>th</sup>	# Students 9 <sup>th</sup> -12 <sup>th</sup>	# Students Post High	# of Employees	# Vols

**B. Special Education**  N/A

1. How many special education students attend the school? \_\_\_\_\_
2. How many students are on an IEP (individualized education plan)? \_\_\_\_\_
  - a) How often are students evaluated for:  
Placement into an IEP: \_\_\_\_\_ Adjustment to existing IEP: \_\_\_\_\_  
Termination of IEP (mainstreaming) \_\_\_\_\_
3. How often are due process (IEP) hearings conducted annually? \_\_\_\_\_
  - a) How many hearing in the past 12 months have been appealed? \_\_\_\_\_ Overturned? \_\_\_\_\_
  - b) Does the school use in house or outside counsel for these hearings? \_\_\_\_\_
4. Is physical restraint ever used in the handling of special education students? Yes  No

**C. Vocational Education**  N/A

1. Do you offer any vocational education classes? Yes  No 
  - a. If yes, list all vocational classes offered: \_\_\_\_\_
2. Do students work with power equipment of any type? Yes  No 
  - If yes, describe safety measures and supervision: \_\_\_\_\_
3. Any woodworking, welding or spray painting of any type? Yes  No 
  - If yes, describe dust control, spraying safeguards, ventilation, protection and supervision: \_\_\_\_\_
4. Any use of chemicals? Yes  No 
  - If yes, describe types and how stored: \_\_\_\_\_

**D. Athletics**  N/A

1. Are sports programs available for students? Yes  No  If yes, please complete below:
- |                          |                          |            |                          |               |                          |
|--------------------------|--------------------------|------------|--------------------------|---------------|--------------------------|
| Football (tackle)        | <input type="checkbox"/> | Lacrosse   | <input type="checkbox"/> | Rugby         | <input type="checkbox"/> |
| Hockey                   | <input type="checkbox"/> | Gymnastics | <input type="checkbox"/> | Rock Climbing | <input type="checkbox"/> |
| Competitive Cheerleading | <input type="checkbox"/> | Equestrian | <input type="checkbox"/> | Skiing        | <input type="checkbox"/> |
| Soccer                   | <input type="checkbox"/> |            |                          |               |                          |
- a) Are Signed Parental Releases including an assumption of risk statement obtained for all sports participants before they are allowed to participate? Yes  No
- b) Is a sports physical required for all students? Yes  No
- c) Is the property safety equipment provided & required for all sports? Yes  No
- d) Are written safety guidelines in place for all sports? Yes  No
- e) Is student/sports accident coverage obtained for all students? Yes  No
2. Concussion Protocol:
- a) Does your organization have a written concussion policy that is in compliance with current state legislation? Yes  No
- b) Do you distribute the written policy to coaches, parents and players and require parent's acknowledgement that they have received and reviewed? Yes  No
- c) Does your concussion policy require a medical doctor's release prior to the child returning to play? Yes  No
- d) Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? Yes  No
- e) Does your organization utilize baseline training? Yes  No

**E. Playground**  N/A

1. Is the playground supervised during all open hours? Yes  No
2. Who uses the playground area?  Staff;  Students/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
3. Is the play area fenced? Yes  No  Is the surface "kid friendly" Yes  No  Describe \_\_\_\_\_
4. What is the maximum height of any of the equipment? \_\_\_\_\_
5. Is the playground equipment checked regularly? Yes  No  Log book maintained? Yes  No   
Is maintenance performed promptly when required? Yes  No

**F. Fitness Area**  N/A

1. Is the fitness area secured? Yes  No  Is the fitness area supervised during all open hours? Yes  No
2. Is it open/accessible at any time when your facility is closed? Yes  No  If yes, when & why? \_\_\_\_\_
3. Who uses the fitness area?  Staff;  Students/Residents;  Unrestricted
4. Describe all fitness equipment and facilities (both indoor & out) \_\_\_\_\_
5. How often and by whom is the equipment inspected? \_\_\_\_\_  
Do you keep written logs/maintenance records? Yes  No
6. Do you have age and usage restrictions? Yes  No

## G. Management Practices

1. Do you have sign in/sign out procedures for: Staff  Students/Residents  Visitors/Public
2. Type of security for schools: Guards  Security Cameras  Other \_\_\_\_\_
  - A) If security guards are utilized: Are the guards armed? Yes  No 
    - i) If armed, are they: Contracted services  Volunteer  Employed
 If contracted, are certificates obtained from the security service? Yes  No 
**If yes, please provide the name of the insurance carrier \_\_\_\_\_**  
**Please attach a copy of the certificate of insurance.**
3. What measures are taken to monitor student activities? \_\_\_\_\_
4. What precautions are taken to prevent non-staff members from accessing unauthorized areas of the school?  
\_\_\_\_\_
5. Do you have incident reporting procedures and/or committee reviews? Yes  No
6. Do you have a plan for medical emergencies? Yes  No
7. Is there always someone trained in CPR and first aid on the premises? Yes  No
8. Please describe any health or medical related services provided: \_\_\_\_\_
9. Do you have a written and enforced "NO SMOKING" policy? Yes  No
10. What method do you use for de-escalation? \_\_\_\_\_  
Is it approved? Yes  No  How often is the staff recertified? \_\_\_\_\_
11. Does the school operate a cafeteria on premises? Yes  No  Is it contracted?  School operated?
12. Does the school obtain certificates of insurance from all contractors and vendors? Yes  No
13. Is corporal punishment coverage desired? Yes  No   
If yes, does the school have a written policy that prohibits corporal punishment? Yes  No
14. Does the school have written policies/procedures in place to address and manage the following:
 

Bullying	Yes <input type="checkbox"/> No <input type="checkbox"/>	Suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol/Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Detention	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expulsion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons/fire arms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazing	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Are there more than three employees with custody of money & securities? Yes  No
16. Is there an annual formal audit performed by a CPA? Yes  No
17. Is a "one-over-one" signature process required? Yes  No 
  - a) At what amount? \_\_\_\_\_
  - b) How many authorized signers do you have? \_\_\_\_\_

## H. Staff Management Procedures

1. Do all staff members have written job descriptions? Yes  No
2. Are any staff members under the age of 18? Yes  No   
If yes, list position: \_\_\_\_\_
3. Do you require your staff (paid and volunteer) to complete an employment application? Yes  No   
 Do you conduct a personal interview for each prospective staff member? Yes  No   
 Do you verify education references? Yes  No   
 Do you verify employment related references? Yes  No   
 Do you verify licenses and credentials? Yes  No   
 Do you obtain criminal background checks on all individuals before hiring? Yes  No   
 Do you run criminal background checks on all volunteers? Yes  No   
 What actions are taken if a report is considered unfavorable? \_\_\_\_\_
4. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes  No
5. Do you provide workers' compensation for all staff members? Yes  No
6. Does the school have a written return to work program? Yes  No

## I. Abuse & Molestation N/A

1. Does the Agency currently carry an Abuse & Molestation Policy? Yes  No   
If yes, please indicate the following:  
**Name of Carrier:** \_\_\_\_\_  
**Expiration Date:** \_\_\_/\_\_\_/\_\_\_/ **Premium:** \_\_\_\_\_ **Limits:** \_\_\_\_\_  
**Type of Coverage:** Occurrence **Claims Made - Retro Date** \_\_\_\_\_
  2. What is the ratio of student to teacher? \_\_\_\_\_
  3. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes  No
  4. Do volunteers work directly with students? Yes  No   
If yes, please describe the degree of their job function and responsibilities: \_\_\_\_\_
- List situations where a volunteer has direct contact with students in an unsupervised situation without oversight of another staff member: \_\_\_\_\_
5. Have any employees been the subject of a child abuse/neglect investigation? Yes  No   
If so, what were the results of the investigation? \_\_\_\_\_
  6. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes  No   
If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 What procedures have been instituted to prevent reoccurrences of previous events? \_\_\_\_\_
  7. Are children left alone without any adult supervision? Yes  No   
If yes, please describe: \_\_\_\_\_
  8. Is any counseling conducted off premises, i.e. students' or counselors' homes? Yes  No   
If yes, by whom and what type of students? \_\_\_\_\_
  9. What is your procedure on how allegations of abuse are handled? \_\_\_\_\_

**J. Professional Liability**       N/A

**\*\*\*Table below MUST be complete for a quote:**

<u>Title</u>	<u>Employees</u>		<u>Vols</u>	<u>Contractor</u>	<u>Interns</u>
	<u>F/T</u>	<u>P/T</u>			
Teacher/Aide/Child Care Worker					
Principal/Assistant Principal					
Sports Coach or Trainer					
Tutor (paid)					
Counselor - Unlicensed					
Dietician/Nutritionist					
Nurse LPN or RN					
Psychiatrist/Psychologist/Clergy					
Social Worker					
Therapist – Physical/Speech/Hearing					
Physician					
<b>TOTAL</b>					

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contains either a hold harmless agreement, indemnification agreement, or any other professional agreement?      Yes  No

If yes, submit a copy of each agreement.

2. Does the Agency currently carry a Professional Liability Policy?      Yes  No

If yes, please indicate the following:

**Name of Carrier:** \_\_\_\_\_

**Expiration Date:** \_\_\_/\_\_\_/\_\_\_/      **Premium:** \_\_\_\_\_      **Limits:** \_\_\_\_\_

**Type of Coverage:**    **Occurrence**      **Claims Made - Retro Date** \_\_\_\_\_

3. Has the agency reported any professional liability claims or incidents in the past 3 Years, or is applicant aware of any circumstances, which may result in a claim or suit? Yes  No  If yes, provide Insurance Company loss reports or attach summary of details.

4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional service providers?      Yes  No

**K. Premises/Life Safety**

1. If the building you occupy was built before 1978, has it been inspected for lead paint?      Yes  No

If no, what is the plan for abatement? \_\_\_\_\_

2. Do you have any plans for renovations or new construction?      Yes  No

If yes, describe: \_\_\_\_\_

3. Has the premises been inspected by fire authorities for proper extinguishers, signs, escapes, panic hardware on doors?      Yes  No

4. Is there a written emergency evacuation plan?      Yes  No

    Is it posted with a floor plan?      Yes  No

    Is there a central meeting point outside the building?      Yes  No

    Does it include notification to the fire department?      Yes  No

    How often are drills conducted? \_\_\_\_\_

5. Is the hot water set to a temperature of 120 degrees?      Yes  No

6. Does the school have all A/C units locked & secured to prevent theft of copper wiring?      Yes  No

**L. Automobile**  N/A

**NOTE:** A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

- 1. Do you have written safety/security procedures for school bus operation? Yes  No
- 2. Do you have a written driver safety program? Yes  No
- 3. Are there any drivers under the age of 21 years old? Yes  No
- 4. Are all of your vehicles equipped with seat belts as required by law?
  - a) Do you have written and strictly enforced guidelines mandating all passengers are secured in their seat belts? Yes  No
  - b) Would you ever make an exception based on a medical condition? Yes  No
- 5. Does insured order/receive/approve MVRs prior to employee driving? Yes  No
- 6. Does the insured maintain driver's record files?  
Does it include: date of hire\_\_\_\_ dates of training\_\_\_\_ Drug tests\_\_\_\_  
MVR and date ordered and received \_\_\_\_ Reference Checks\_\_\_\_
- 7. Do you furnish anyone with an auto? Yes  No 
  - a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes  No
- 8. Do you have an accident investigation program? Yes  No 
  - a. Do you keep a file on accidents? Yes  No
- 9. Is there a vehicle maintenance program? Yes  No 
  - If yes:
    - a. Are maintenance logs and files reviewed by management? Yes  No
    - b. Do drivers have procedures for reporting, repairing and servicing? Yes  No
  - If yes - daily , weekly , other \_\_\_\_\_
- 10. With respect to any rules or procedures, how do you enforce them to assure compliance? \_\_\_\_\_

- 11. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes  No
- 12. What are your procedures for dealing with driver accidents or violations? \_\_\_\_\_
- 13. Do all drivers possess the required license for the type of vehicle driven? Yes  No

**M. Hired & Non-Owned Vehicles**  N/A

- 1. Do you hire vehicles? Yes  No 
  - If yes, what types of vehicles do you hire? \_\_\_\_\_
- 2. Do you hire from a transportation company? Yes  No 
  - a. Do you obtain certificates of insurance? Yes  No
  - b. What minimum limits do you require? \_\_\_\_\_
- 3. Annual number of vehicles hired: \_\_\_\_\_ Annual cost of hire: \_\_\_\_\_
- 4. How many employees/volunteers drive personal vehicles for business use: regularly? \_\_\_\_ occasionally? \_\_\_\_
  - a. Do you obtain proof of insurance for anyone driving for business purposes? Yes  No
  - b. Do you update these records at least semi-annually? Yes  No
  - c. Do you require at least \$100,000 in minimum limits? Yes  No
- 5. Do any of your staff members transport clients/children in their personal vehicle? Yes  No 
  - If so, under what circumstances and how often? \_\_\_\_\_

**N. Planned Event / Fund Raisers**       **N/A**

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Event Type (from above)					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					

**O. Residential Facilities**       **N/A**

Location Address	Type of facility (student dorms, faculty housing)	Area (sq ft.) of residential facility

**Student Dorms/Housing - Complete Below:**

- Annual # of students by grade: Pre-K \_\_\_\_ K thru 5 \_\_\_\_ 6 thru 8 \_\_\_\_ 9 thru 12 \_\_\_\_ Post High \_\_\_\_
- Specify number of students: Male \_\_\_\_; Female \_\_\_\_
- Are residents separated by:
 

Male/Female	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Total number of bedrooms: \_\_\_\_
- What was the date of the last inspection by a licensing agency? \_\_\_\_\_. Any deficiencies? Yes  No   
If Yes, describe \_\_\_\_\_
- What is the ratio of resident to staff? Day \_\_\_\_ Night \_\_\_\_
- How do you provide for the residents privacy and individual security? \_\_\_\_\_

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- Does the residential facility have hard-wired smoke detectors in each bedroom? Yes  No   
If yes, are the smoke detectors attached to a central station or local alarm system? Yes  No
- How often are rooms inspected? \_\_\_\_\_ Who performs the inspections? \_\_\_\_\_  
Are logs of all inspections maintained? Yes  No
- Do you have written safety procedures? Yes  No
- Is it reviewed by management regularly? Yes  No
- How often are bed checks done? \_\_\_\_\_ Random  Scheduled
- Are there security cameras monitoring operations? Yes  No



**P. Food Preparation Facilities**  N/A

1. The food preparation equipment is:  Electric  Gas  Propane  Other \_\_\_\_\_
2. The food preparation equipment is in:  One common area;  Each Floor;  Individual Rooms;  Other \_\_\_\_\_  
Total number of cooking areas \_\_\_\_\_
3. Who has access to the cooking area?  Staff;  Students/Residents;  Unrestricted
4. For whom is the food prepared?  Staff;  Students/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
5. Describe eating and serving areas: \_\_\_\_\_
6. Is food properly covered, stored, served? Yes  No
7. Are there fire extinguishers in the cooking area? Yes  No
8. The cooking equipment is:  Residential  Commercial
9. Cooking equipment is equipped with:  Nothing;  Hoods;  Ducts;  Exhaust Fans;  Automatic fire suppression systems;  Automatic fuel shutoff controls;  Other \_\_\_\_\_
10. How often is cooking equipment cleaned? \_\_\_\_\_ Cleaned by:  You;  Cleaning contractor
11. Do the hoods have removable filters? Yes  No

**Q. Medical Facilities**  N/A

1. The facilities are for:  Staff  Students  General Public (check all that apply)
2. What are the facility hours? \_\_\_\_\_
3. Do you provide more than immediate care/first aid? Yes  No  If yes, explain \_\_\_\_\_  
\_\_\_\_\_
4. By job title, who staffs the facilities? \_\_\_\_\_
5. Do you keep only over-the-counter drugs on the premises? Yes  No  If no, explain \_\_\_\_\_  
\_\_\_\_\_
6. Which staff members dispense the medications? \_\_\_\_\_
7. Are medications and equipment kept in a locked facility? Yes  No   
If no, where are they kept? \_\_\_\_\_ Which staff members have access? \_\_\_\_\_
8. Do you have policies & procedures in place for prescribing/administering medication? Yes  No   
If yes, explain \_\_\_\_\_
9. What medical equipment do you have? \_\_\_\_\_
10. Do you maintain a log of all those who receive care? Yes  No
11. Do you maintain a medical history and care records for each individual? Yes  No

## R. Lakes / Ponds

N/A

1. Is swimming allowed? Yes  No  Is there a designated & clearly marked swimming area? Yes  No
2. Are the appropriate number of trained lifeguards on duty at all times during operating hours? Yes  No   
If no, explain \_\_\_\_\_
3. How are your lifeguards certified? \_\_\_\_\_
4. Are all users evaluated for swimming ability prior to pool use? Yes  No
5. Are all non-swimmers required to wear life preservers? Yes  No
6. Who uses the lake/pond area?  Staff;  Students/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
7. Are there boat docks? Yes  No  If yes, where? \_\_\_\_\_
8. Lake use (check all that apply)  
 Swimming;  Water Skiing;  Jet Skis/Wave Runners;  Canoes/Row boats;  Sail Boats/Catamarans;  
 Paddle Boats  Ice Skating/Hockey  Power Boats (max H.P./length) \_\_\_\_\_
9. Is there watercraft rental? Yes  No  If yes, what types \_\_\_\_\_ Annual Receipts \$ \_\_\_\_\_

## S. Pool

N/A

1. Are the appropriate number of trained lifeguards on duty at all times when the pool is open? Yes  No   
If no, explain \_\_\_\_\_
2. How are your lifeguards certified? \_\_\_\_\_
3. Are all pool users evaluated for swimming ability prior to pool use? Yes  No
4. Are all non-swimmers required to wear life preservers? Yes  No
5. Who uses the pool area?  Staff;  Students/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
6. Is the pool completely fenced with a self locking gate? Yes  No  If yes, what height? \_\_\_\_\_  
If no, explain \_\_\_\_\_
7. The pool area includes:  Jacuzzi;  Hot Tub;  Whirlpool/Spa;  Diving Board;  Kiddie Pool;  Water slide;  Trampoline;  Water Blob;  Trapeze;  Other (describe) \_\_\_\_\_  
Describe height of any water slide, diving board, trapeze, or elevated structure \_\_\_\_\_
8. Are depths clearly marked? Yes  No  Is diving prohibited in non-dive areas? Yes  No
9. Is the walking surface around the pool non-skid and in good condition? Yes  No
10. Is the staff trained in: Water Safety? Yes  No ; CPR? Yes  No ; First Aid? Yes  No
11. Are all areas of the pool, including the bottom, visible at all times? Yes  No
12. Are there interval breaks to clear the pool, change lifeguards, etc? Yes  No  If yes, how often? \_\_\_\_\_  
If not, explain procedures \_\_\_\_\_
13. Do posted rules meet all state and local regulations? Yes  No
14. Are swimming lessons given? Yes  No  If yes, by whom \_\_\_\_\_
15. Is there any swim team participation? Yes  No
16. Are pool chemicals properly stored and secured? Yes  No  How often is pool tested? \_\_\_\_\_
17. How often is the pool cleaned? \_\_\_\_\_
18. Do you have specific written guidelines for closing the pool due to water contamination? \_\_\_\_\_

**T. Camps**

N/A

1. Is the camp held on your premises? Yes  No  If held off premises, give address/description of where camp(s) are held: \_\_\_\_\_
2. Is written permission/waiver of liability obtained from every child's parent or legal guardian? Yes  No
3. Is a medical release form obtained from every child's parent or legal guardian? Yes  No
4. Does the camp provide overnight services? Yes  No  If Yes, what is the average length of stay? \_\_\_\_\_
5. What is the total number of days in operation annually? \_\_\_\_\_ Number of children at each camp? \_\_\_\_\_
6. What is the total number of staff members at each camp? \_\_\_\_\_ Ratio of campers to staff? \_\_\_\_\_
7. Are criminal background checks done on each camp staff member including volunteers? Yes  No
8. What staff qualifications are required for working with children? \_\_\_\_\_  
\_\_\_\_\_
9. Are sleeping quarters segregated by sex? Yes  No  If no, explain \_\_\_\_\_
10. Indicate any of the following camp operations:  
 Obstacle Course;  Motor Boats;  Archery;  Jet Skis/Wave Runners;  Pools;  Lake;  
 Guns;  Rock Climbing;  Ropes Courses;  Horses;  Adventure/Wilderness Experiences;  
 Paint Ball;  Zip Lines;  Scuba;  Contact Sports;  White water rafting;  Skiing;  Other  
 Explain other \_\_\_\_\_

**U. Current Policy Information**

Line of coverage	Current Carrier	Policy Expiration Date	Expiring or Renewal Premium
Property			
General Liability			
Employee Benefits Liability			
Professional Liability (E&O)			
Abuse & Molestation			
Directors & Officers			
Employment Practices			
Automobile			
Student Accident			

**NOTICE TO APPLICANTS:**

**In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.**

\_\_\_\_\_  
 APPLICANT'S SIGNATURE  
 (A quote will not be provided without an applicant's signature.)

TITLE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 AGENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_