## **CAMP SUPPLEMENT**

If none, check here. $\Box$	
Named Insured:	Policy No. If Renewal
1. The camp is operated from to to Month/Date Month	
2. The hours of the camp are from to	, days per week.
3. Are overnight accommodations provided? Y	N
4. Are meals prepared and/or provided by you?	Y N
5. Ages of campers?	
6. Are there any campers who are physically or e	emotionally handicapped? Y N
7. Number of campers per day per week	
3. Number of campers that are not regular studen	ats per day per week/
O. Number of adult supervisors?	
0. There are supervisors under the age of	18.
1. What are the ages of the counselors?	What type of training do they receive?
2. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of, child abuse? Y N	
3. How are medications kept and distributed to c prescription needs? Y N	hildren with prescription/non-
4. Campers are under adult supervision at all tim	

	All equipment and buildings are maintained in a safe, clean condition and in good repair. Indoor and outdoor environments are safe, clean and spacious. Y N
	Is there a swimming pool? Y N If the answer is yes, answer the following.
	Is the pool fenced? Y N Depth  Is there a diving board? Y N  Is there a lifeguard on duty? Y N  What type of certification is required of the lifeguard?  Are swimming lessons given? Y N  What type of certification is required of the instructor?
17.	There arefire extinguishers in the buildings in which the campers will be conducting activities.
18.	All poisonous/toxic materials are kept under lock and key and out of children's reach. Y $N$
19.	Detail all camp activities
20.	Are there any off premises activities? Y N  If yes, describe in detail
21.	Do you provide transportation to campers for any reason? Y N If yes, we will require a COI from your auto carrier and complete driver information of all drivers.