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Camp Accident Medical Application

Camp Name: _____

Camp Administrator's Name: _____

Summer Mailing Address: _____

City: _____ State: _____ Zip: _____

Summer Phone: (____) _____ Winter Phone: (____) _____

Winter Mailing Address: _____

City: _____ State: _____ Zip: _____

Desired Policy Effective Date: ____/____/____

1. Is the camp ACA accredited? Yes No Is the camp a member of CCCA? Yes No

2. Name of sponsoring organization (if any): _____

3. Type of Camp: Organizational Church Private

Resident Day Weekend

4. Camp Open: Five days Six days Seven days Other:

5. Is this a sports camp? Yes No If yes, what sport? _____

6. Is this a specialty camp? (e.g. computer, disability serving) Yes No If yes, specify? _____

7. Number of camp doctors on premises: _____

8. Number of camp nurses on premises: _____

9. Previous Insurance: If a Camper insurance program has been carried in the past, please give the following details for the past 3 years. **(Note: This section is not required if coverage was previously carried with Markel Insurance Company.)**

No prior coverage:

Policy Year: _____ _____ _____

Premium: \$ _____ \$ _____ \$ _____

Losses: \$ _____ \$ _____ \$ _____

10. Is staff to be covered? Yes No If yes, estimated number of staff per week: _____

11. Are volunteers to be covered? Yes No If yes, estimated number of volunteers per week: _____

12. What is the pre-camp arrival date for staff: _____/_____/_____ Departure Date: _____/_____/_____
13. What is the camp opening date? _____/_____/_____ Camp Closing Date: _____/_____/_____
14. What is the estimated number of campers per week? _____
15. What is the age range of campers? _____ (youngest) through _____ (oldest)
16. Check Desired Plan:

Plan-Primary (Check desired plan)	Accident Medical Expense	Accidental Death and Dismemberment	Primary Sickness Medical Expense	Catastrophe Cash	Aggregate
Resident Camps					
<input type="checkbox"/>	\$3,500	\$5,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$3,500	\$10,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$5,000	\$10,000	\$1,000	\$25,000	\$250,000
<input type="checkbox"/>	\$12,500	\$15,000	\$1,000	\$25,000	\$250,000
Day Camps					
<input type="checkbox"/>	\$3,500	\$5,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$3,500	\$10,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$5,000	\$10,000	\$0	\$25,000	\$250,000
<input type="checkbox"/>	\$12,500	\$15,000	\$0	\$25,000	\$250,000

NOTES: Catastrophe Cash not available in New York. Sickness Medical Expense not available in Washington and New Jersey.

Special Conditions

- \$350 minimum earned premium per policy on Mandatory Benefits.
- There is a \$0 deductible for all plans.
- The Insurance Company reserves the right to audit camp records.
- All pre-existing health conditions are excluded.

Premium Payment: 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 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 insured 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 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 shall also be subject to a civil penalty, not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Camp Administrator Date

Producer Name Producer's Phone #

Address

City State Zip