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Children's / Youth Program Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

- Does the ranch have a children/camper program where children attend without parents or legal guardians? If yes, length of stay: _____ Yes No
- What is the ratio of staff: _____ to children/campers: _____?
- Are policies regarding sexual harassment reviewed with staff as part of their in-house training? Yes No
- Are background checks, (including criminal) completed on any prospective staff or contracted staff who will be working directly with children? Yes No
- Are all personal references checked and job histories (if they exist) verified? Yes No
- Is the camp's code of conduct reviewed with all campers upon their arrival at the facility? Please submit a copy of the camp's code of conduct. Yes No
- What discipline strategies are employed in handling campers who misbehave? Give details:

- Have staff been trained in how to handle conflicts between campers, preferably using discipline strategies that emphasize positive behavior reinforcement? Yes No
- Does the camp maintain a "zero tolerance" policy (i.e., predetermined punishments are enforced for specific offenses with no exceptions) regarding harassing behavior and fighting? Yes No
- How closely are campers supervised during nonscheduled activity times to prevent the possibility of one camper being molested or harassed by his or her peers? Give details:

- For overnight programs, does staff periodically check their cabins after "lights out" to make certain all campers are in their beds and accounted for, and that no one has sneaked in or out of the cabin? Yes No
- Are there a minimum of 2 counselors with the campers at all times? Yes No
- Are children's activities different from ranch activities? Yes No
 If yes, please note activities that are different: _____

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature **Date** **Agent's Signature** **Date**

Agency Name: _____ Agency Phone Number: _____