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Commercial Equine Camp Supplement

This form is intended for camps as part of a commercial equine policy.
 Please complete this form and return it to Markel with a completed Commercial Equine or Farm Application.

Applicant's Name:			
Applicant's Farm Name:			
Mailing Address:	City:	State:	Zip:
Phone Number:	Policy #:		

I. Type of Camp

1. Check all that apply: Day Camp; Resident/Overnight Camp; Travel Camp; Sports Camp;
 Special Needs; Adult; Profit; Non-Profit; Boys; Girls; Co-ed; Other: _____

2. Indicate all activities offered to campers: **Attach a copy of the safety plan. Some activities may be excluded.**

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Advanced Gymnastics | <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Paint Ball | <input type="checkbox"/> Swimming Lessons |
| <input type="checkbox"/> Alpine Skiing/Downhill | <input type="checkbox"/> Flag or Touch Football | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Tackle Football |
| <input type="checkbox"/> Archery Range | <input type="checkbox"/> Flying | <input type="checkbox"/> Photography | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Go Karts | <input type="checkbox"/> Rapelling/Rock Climbing | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Recreational Swimming | <input type="checkbox"/> Tubing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Rifle Range | <input type="checkbox"/> Tumbling/Gymnastic |
| <input type="checkbox"/> Bicycle Trips | <input type="checkbox"/> Hiking/Backpacking | <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Hockey | <input type="checkbox"/> Ropes Course/Low Elements | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Canoe Trips | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ropes Course/High Elements | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Sailboarding | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Sailing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cross-Country Skiing | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Scuba Diving | _____ |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Snorkeling | _____ |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Motorbikes/Minibikes | <input type="checkbox"/> Soccer | _____ |
| <input type="checkbox"/> Fishing | Motorcycles/ATV's | <input type="checkbox"/> Softball | |

3. a. Does applicant contract with others for program services for any of the above activities? Yes No
 b. If yes, please provide details: _____

c. Are certificates of insurance obtained from subcontractors? Yes No

4. Where are camp sessions held: Owned Leased Public Land Other: _____

5. a. Indicate all organizations of which applicant is a member: None; ACA; CCI; NARHA; Other: _____

b. Camp accredited by: None; ACA; Other: _____

6. What is the age range of campers: _____ Ratio of Counselors: _____ to Campers: _____

7. List all counselors:

Name	Age	Experience as Camp Counselor
1.		
2.		
3.		
4.		
5.		

If more than 5 counselors, please include additional names on a separate piece of paper.

II. Camp Session

1. Date camp opens: ____/____/____ Date camp closes: ____/____/____ Gross receipts \$ _____

Camper Days: Day Camp

No Exposure)

Estimated number of campers per day _____

Number of days camp is open per week _____

Number of weeks camp is open per year _____

Hours of operation per day _____

Camper Days: Resident/Overnight Camp

No Exposure)

Estimated number of campers per day _____

Number of days camp is open per week _____

Number of weeks camp is open per year _____

Hours of operation _____

(If there is more than one session, provide the above information per session, including family camp if applicable).

III. Secondary Camp Session

1. Does applicant run secondary camp sessions? Yes No If yes, please complete the following information:

a. Dates of Operations: _____ d. Number of weeks camp is open per year _____

b. Estimated number of campers/participants per day _____ e. Hours of operation per day _____

c. Number of days camp is open per week _____ f. Gross receipts \$ _____

2. Please list all secondary camp activities: _____

IV. General Information

1. a. Is there a written safety procedure manual? (Provide copy.) Yes No

b. How often is the manual reviewed with staff? Each Session Weekly Monthly Annually Other: _____

2. Does applicant have a written crisis management/emergency plan? (Provide a copy.) Yes No

3. a. Are all staff trained in emergency procedures? Yes No

If yes, check all that apply: Fire Drill; Tornado; Hurricane; Earthquake Other: _____

b. Are staff certified in: First Aid CPR EMT Other: _____ Yes No

4. Is there any type of campfire or bonfire? Yes No

If yes, provide details on safety precautions taken to prevent spread of fire: _____

5. a. Type of refreshments (snacks, meals or beverages) provided: Prepackaged Prepared None

b. If not prepackaged, who prepares refreshments: Caterers Parents Applicant Other: _____

c. Does applicant's camp sell food or beverages, including sales from concession stands? Yes No

If yes, gross receipts: \$ _____

d. Does applicant's camp hire/use independent concessionaires or caterers? Yes No

If yes, provide details and a certificate of insurance through an admitted "A" Rated carrier with liability limits equal or greater as applicant : _____

6. a. Do any of the buildings contain cooking facilities and/or commercial kitchens? Yes No

b. If yes, is there an ansul or fire extinguishing system? Yes No

c. How often is system cleaned and checked? _____

7. a. Is any alcohol (liquor, beer, or wine) provided or sold at camp? Yes* No

b. If sold, gross receipts: \$ _____

****Attach a certificate of insurance providing proof of liquor liability coverage with an admitted "A" rated carrier with liability limits same as applicant.***

V. Saddle Animals

1. a. Does the camp teach the following activities: Hunt Seat Dressage; Western Pleasure; Games; Vaulting ; Jumping; Rodeo Activities; Other (please provide details): _____
- b. Maximum number of horses available for the camp program: _____
- c. What is the ratio of counselors/wranglers/guides: _____ to campers: _____ during equine activities?
2. What is the ratio of counselors/wranglers/guides: _____ to campers: _____ during trail rides? No Trail Rides
3. a. Does applicant have hay rides? Yes No If yes, is the hay wagon pulled by: Horse Tractor
- b. Does the wagon have: Sides Open What is the seating capacity? _____
- c. Number of sides: 1-2 3-4 None Other: _____
- d. Is a counselor in the wagon during the ride? Yes No
4. Are recreational wagon, carriage, or cart rides given? Yes No

VI. Overnight Camp

No Exposure

1. Overnight supervision of Adult: _____ to Child: _____ ratio Total # of adults _____, children _____ per room/building
2. Is there hay storage in the same building the campers sleep? Yes No
3. a. Are there smoke detectors installed in all sleeping areas? Yes No
- b. Are they Battery; Hard-Wire; Hard-Wire w/ battery backup?
- c. Are there fire extinguishers in all sleeping areas/buildings? Yes No
- d. Are there any exit signs? Yes No Number of exits: _____
Are exit signs lighted? Yes No

4. Building Information:

Attach pictures of all buildings inside and out.	Building #1 <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other _____ Location #: _____	Building #2 <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other _____ Location #: _____
Construction Type:		
Year Built:		
Year of Updates: Mark N/A if no heating, plumbing &/or electricity in building.	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A	Heating: _____ <input type="checkbox"/> N/A Roof: _____ Plumbing: _____ <input type="checkbox"/> N/A Wiring: _____ <input type="checkbox"/> N/A
Heat Type:	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Other: _____ <input type="checkbox"/> Portable Heaters	<input type="checkbox"/> None <input type="checkbox"/> Wood Stove <input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Other: _____ <input type="checkbox"/> Portable Heaters
Protective Devices:	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other: _____

VII. Professional Services

1. a. Does the camp employ medical personnel? Yes No
- b. If yes, how many in each category: RN: _____; LPN: _____; EMT: _____; Doctor: _____; Other: _____
- c. What medical personnel are on site during camp hours? _____
- d. What medical personnel are on call during camp hours? _____
2. How close is the nearest hospital or emergency care center: 0-10 miles 11-20 miles Over 20 miles
3. a. Does applicant or applicant's staff distribute medication to campers? Yes No
- b. Does applicant provide medical facilities for special needs campers? Yes No
- c. If yes, please provide details: _____
- d. Are pre-camp medical exams required? Yes No
4. Are there any counseling service offered? Yes* No (*Provide certificate of insurance for professional exposures.)

VIII. Pool & Waterfront - No Exposure

- 1. Does the camp have a: Pool; Lake; Other: _____
- 2. a. Is the pool fenced? Yes No If yes, what is the height? _____
- b. Does the pool have self-locking gates? Yes No
- c. Is there an alarm to alert when people enter the pool or pool area? Yes No
- d. Are pool depth markings clearly indicated? Yes No Depth of Pool: Minimum: ___ Maximum: ___
- e. How often is the water quality checked: Daily Weekly Monthly Other: _____
- f. Is pool: Above Ground or In-Ground
- 3. Depth of lake? N/A minimum _____ft. maximum _____ft.
- 4. Is swimming area cleared marked and roped off? Yes No

Pool & Waterfront Accessories

- 1. a. Are there water slides? Yes No If yes, how many:_____ Type: _____ Height: _____ Length:_____
- b. Depth of water where sliding board enters water: _____ feet
- 2. a. Are there diving boards or platforms? Yes No If yes, how many: _____ Height: _____ Length: _____
- b. Depth of water in diving area: _____ feet
- c. Is depth uniform throughout the diving area? Yes No
- 3. a. Is there a water trampoline and/or water blob? Yes No (Please attach rules for use of the trampoline.)
- b. Are rules for use posted at the pool or waterfront? Yes No

Lifeguards

- 1. Does applicant have certified lifeguards? Yes No By whom are they certified? _____
- 2. What is the ratio of certified lifeguards: _____ to swimmers: _____
- 3. Does applicant conduct a swim test for all children? Yes No
- 4. How many water safety instructors are employed? _____

IX. Watercraft - No Exposure

- 1. Number of boats: Paddle____; Sailboat____; Canoe____; Kayak____; Motorboat____; Other____
- 2. Number of personal watercrafts/jet ski: _____ Size of motor: _____ CC: _____ Number of seats: _____
- 3. Number of in-board____ and out-board____ motorboats: Longest Ft:_____ Maximum HP: _____
- 4. If the camp offers water skiing, are there any jumps? Yes No (If yes, please attach a written safety plan.)
- 5. Is there always a spotter on the boat? Yes No
- 6. a. Minimum age of driver: _____ b. Minimum age of rider: _____
- 7. Are coastguard approved lifejackets required on all boating activities? Yes No

X. Ropes Course - No Exposure

- 1. What year was the ropes course/zip-line built? _____
- 2. a. Who built the course? _____
- b. Was the course build to ACCT standards? Yes No
- 3. What is the date of the last inspection? (Please send a copy of the inspection.) ____/____/____
- 4. a. Number of high elements: _____ b. Number of low elements: _____

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