



This supplemental questionnaire is required if the insured hosts day camp activities for school aged children (K-8th grade)

Named Insured:

A) Detail the type of camps provided by your facility: (check all that apply and note number of weeks provided)

Traditional half day (under 5 hours/day), primarily on premise	Hours/Day	Days/Year
Traditional full day (over 5 hours/day), primarily on premise	Hours/Day	Days/Year
Overnight, Sleep Away or Resident Camp	Hours/Day	Days/Year
Adventure or Activity Camps	Hours/Day	Days/Year
Sports Camps	Hours/Day	Days/Year

B) Describe the camp's specific operations and general activities:

- 1) Are you affiliated with a YMCA/YWCA or Boys/Girls Club or similar organization? Yes No
- 2) With what frequency are field trips taken? # Per Week None
 - i) Does frequency differ by age or other groups within the camp?
- 3) Age range of children participating:
- 4) Ratios of children to counselor by age group:
- 5) Do you offer any pickup or drop-off services for children? Yes No
 - i) If yes, please describe:
- 6) Is a separate waiver required for camps? If so, please submit. Yes No
- 7) Is a copy of this waiver kept on premises? Yes No

8) ACTIVITIES: Please check all activities that apply and note any additional activities:

- | | | |
|----------------------|------------------|--------------------|
| Archery/Rifle | Horseback Riding | Rock Climbing |
| Backpacking | Inline Skating | Sailing |
| Biking | Kayaking | Scuba Diving |
| Canoeing | Obstacle Courses | Survival |
| Caving | Paddle Boats | Water Park |
| Escape Room | Paint Ball | Whitewater Rafting |
| Fishing | Parkour | Zip Lining |
| OTHER: (Please list) | | |

9) SPORTS: Please check all sports that apply and note any additional sports:

- | | | |
|---------------|--------------|------------|
| Baseball | Gymnastics | Soccer |
| Basketball | Hockey | Softball |
| BMX | Lacrosse | Surfing |
| Cheerleading | Martial Arts | Swimming |
| Cross Country | Racquetball | Tennis |
| Fencing | Rowing | Volleyball |
| Football | Skating | Water Polo |
| Golf | Skiing | Wrestling |
- OTHER: (Please list)

- 10) For the offered Activities or Sports noted above, do you offer any instruction? Yes No
 i) If yes, please describe:

11) EQUIPMENT: Please specialty equipment that apply and note any additional activities:

- | | |
|-----------------------|-------------------|
| Bounce houses | Other Inflatables |
| Gymnastic apparatuses | Trampolines |
- Other specialty equipment (please describe):

- 12) Do you offer:
- | | | |
|---|-----|----|
| i) Special needs camps | Yes | No |
| ii) Competitions between this and other camps | Yes | No |

- C) Swimming Controls **If NO EXPOSURE, please check here:** Otherwise, please complete this section.
- | | | |
|---|-----|----|
| 1) Trained/Certified Lifeguards on hand for all swim activities | Yes | No |
| 2) Swim test protocol in place to assess swim levels | Yes | No |
| 3) Camp staff assists lifeguards in pool safety monitoring | Yes | No |
| 4) All staff certified in CPR/First Aid | Yes | No |
| 5) Staff training includes life safety protocols and responsibilities | Yes | No |
| 6) Buddy check system in place | Yes | No |

- D) Field Trip Controls **If NO EXPOSURE, please check here:** Otherwise, please complete this section.
- | | | | |
|---|--|-----|----|
| 1) Transportation provided by a 3 rd party with verification of proper auto and liability insurance | | Yes | No |
| If yes, applicant is listed as an additional insured on 3 rd party policies | | Yes | No |
| 2) All field trips are within a 50-mile radius of the camp | | Yes | No |
| 3) All field trips are completed within the day | | Yes | No |
| 4) Children grouped by age | | Yes | No |
| 5) Roll call taken & noted prior to each departure point | | Yes | No |
| 6) Roll call taken & noted at dedicated periods throughout the day | | Yes | No |
| 7) Ratios below ACA standards for trip (6 to 8-year-olds = 1:8, 9 to 14-year-olds = 1:10) | | Yes | No |
| Do you ask for additional parent/guardian volunteers for field trips? | | Yes | No |
| 8) Field Trip oversight provided by a member of professional staff who is at least 21 years of age | | Yes | No |
| 9) Parents are provided specifics of the trip prior (location, time of departure and return, base activities, etc.) | | Yes | No |
| 10) Parents are asked and staff are aware of any child’s specific medical needs | | Yes | No |
| 11) Is there a nurse on staff or an appointed person who is equipped to handle children’s medical needs? | | Yes | No |
| 12) There is a specific person trained on and equipped to respond to any medical needs | | Yes | No |
| 13) Waivers utilized specifically for field trips and kept on file | | Yes | No |
| 14) Buddy check system in place | | Yes | No |
| 15) Are overnight field trips taken? | | Yes | No |
| 16) Written protocols for all emergency situations | | Yes | No |
| 17) Are any “Adventure” or “Extreme” Activities trips taken? | | Yes | No |
| i) If yes, please describe: | | | |
| 18) Describe medical staffing and/or protocol: | | | |
| 19) Please describe overall field trip protocol | | | |

E) Staff Training Includes:

- | | | |
|--|-----|----|
| 1) First Aid/CPR | Yes | No |
| 2) AED | Yes | No |
| 3) Medical Emergency protocols | Yes | No |
| 4) Weather Emergency protocols | Yes | No |
| 5) Fire Emergency protocols | Yes | No |
| 6) Missing Child protocols | Yes | No |
| 7) Distribution of Medicine protocols | Yes | No |
| 8) Expectations on Supervision and Activities | Yes | No |
| 9) Incident Reporting protocols | Yes | No |
| 10) Are staff required to be 18 years of age or older? | Yes | No |

F) Additional Controls

- | | | |
|--|-----|----|
| 1) Waivers are utilized for all campers as part of registration process | Yes | No |
| 2) Drop off/Pick up provided by parent/guardian (no shuttle pick up) | Yes | No |
| 3) Participants are school-aged (K-8 th grade) | Yes | No |
| 4) Sign in/out procedures utilized every day | Yes | No |
| 5) Each age group has a lead counselor who is 18 years or older | Yes | No |
| 6) Separate Day Camp Accident Policy in place | Yes | No |
| If yes, provide insurer and limits: | | |
| 7) Medical information requested for all campers (i.e. allergies, physical restrictions, etc.) | Yes | No |
| 8) Camp is Accredited | Yes | No |
| 9) Do you conduct emergency drills? | Yes | No |