CAMP SUPPLEMENT

If none, check here. \Box

Naı	med Insured: Policy No. If Renewal
1.	The camp is operated from to Camp Receipts Month/Date Month/Date
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 emotionally handicapped? Y N
7.	Number of campers per day per week
8.	Number of campers that are not regular students per day per week/
9.	Number of adult supervisors?
10.	There are supervisors under the age of 18.
11.	What are the ages of the counselors? What type of training do they receive?
12.	Is any camp counselor/employee/supervisor under investigation for, or has a previous record of, child abuse? Y N
13.	How are medications kept and distributed to children with prescription/non-prescription needs? Y N
14.	Campers are under adult supervision at all times. If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? Y N

	all equipment and buildings are maintained in a safe, clean condition and in good epair. Indoor and outdoor environments are safe, clean and spacious. Y N
16. 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?
	here arefire extinguishers in the buildings in which the campers will be onducting activities.
	all poisonous/toxic materials are kept under lock and key and out of children's each. Y N
19. D	Detail all camp activities
	are there any off premises activities? Y N Syes, describe in detail
I	Do you provide transportation to campers for any reason? Y N f yes, we will require a COI from your auto carrier and complete driver information of all drivers.