



# THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

## 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 AFIG with a completed Commercial Equine or Farm Package application.

AFIG agent number: \_\_\_\_\_

Business name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

### Section 1 - 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"/> Softball
<input type="checkbox"/> Alpine skiing/downhill	<input type="checkbox"/> Flag or touch football	<input type="checkbox"/> Performing arts	<input type="checkbox"/> Swimming lessons
<input type="checkbox"/> Archery range	<input type="checkbox"/> Flying	<input type="checkbox"/> Photography	<input type="checkbox"/> Tackle football
<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Go karts	<input type="checkbox"/> Rappelling/rock climbing	<input type="checkbox"/> Tennis
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Recreational swimming	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hang gliding	<input type="checkbox"/> Rifle range	<input type="checkbox"/> Tubing
<input type="checkbox"/> Bicycle trips	<input type="checkbox"/> Hiking/backpacking	<input type="checkbox"/> Roller skating/in-line skating	<input type="checkbox"/> Tumbling/gymnastic
<input type="checkbox"/> Boating	<input type="checkbox"/> Hockey	<input type="checkbox"/> Ropes course/low elements	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Canoe trips	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Ropes course/high elements	<input type="checkbox"/> Water skiing
<input type="checkbox"/> Caving	<input type="checkbox"/> Ice skating	<input type="checkbox"/> Sailboarding	<input type="checkbox"/> White water rafting
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Scuba diving	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Cross-country skiing	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Other:
<input type="checkbox"/> Diving	<input type="checkbox"/> Martial arts	<input type="checkbox"/> Soccer	
<input type="checkbox"/> Environmental education	<input type="checkbox"/> Motorbikes/minibikes/motorcycles/ATV's		
<input type="checkbox"/> Fishing			

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. Does applicant transport campers?  Yes  No

If yes, provide details: \_\_\_\_\_

6. a. Indicate all organizations of which applicant is a member:

- None
- ACA
- CCI
- NARHA
- Other: \_\_\_\_\_

b. Camp accredited by:  None  ACA  Other: \_\_\_\_\_

7. What is the age range of campers? \_\_\_\_\_ Ratio of counselors: \_\_\_\_\_ to campers: \_\_\_\_\_

8. 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.*

**Camp session**

Date camp opens: \_\_\_/\_\_\_/\_\_\_ Date camp closes: \_\_\_/\_\_\_/\_\_\_ Gross receipts \$ \_\_\_\_\_

**Camper days: day camp** –  **No exposure**      **Camper days: resident/overnight camp** –  **No exposure**

Estimated number of campers per day \_\_\_\_\_ Estimated number of campers per day \_\_\_\_\_

Number of days camp is open per week \_\_\_\_\_ Number of days camp is open per week \_\_\_\_\_

Number of weeks camp is open per year \_\_\_\_\_ Number of weeks camp is open per year \_\_\_\_\_

Hours of operation per day \_\_\_\_\_ Hours of operation \_\_\_\_\_

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

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**Section 2 - Secondary camp session**

1. Does applicant run secondary camp sessions?  Yes  No

If yes, complete the following information:

- a. Dates of operations: \_\_\_\_\_
- b. Estimated number of campers/participants per day: \_\_\_\_\_
- c. Number of days camp is open per week: \_\_\_\_\_
- d. Number of weeks camp is open per year: \_\_\_\_\_
- e. Hours of operation per day: \_\_\_\_\_
- f. Gross receipts \$ \_\_\_\_\_

2. Please list all secondary camp activities: \_\_\_\_\_

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**Section 3 – 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 copy.)*  Yes  No

3. a. Are all staffed 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: \_\_\_\_\_



<i>Attach pictures of all buildings inside &amp; out.</i>	Building #1 Location #: _____ <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other: _____	Building #2 Location #: _____ <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other: _____
	<b>Construction type:</b>	
<b>Year built:</b>		
<b>Year of updates:</b> <i>Mark N/A if no heating, plumbing &amp;/or electricity in building.</i>	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
<b>Heat type:</b>	<input type="checkbox"/> None <input type="checkbox"/> Forced warm air <input type="checkbox"/> Portable heaters <input type="checkbox"/> Wood stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Forced warm air <input type="checkbox"/> Portable heaters <input type="checkbox"/> Wood stove <input type="checkbox"/> Other: _____
<b>Protective devices:</b>	<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: _____

**Section 6 – Professional services -  No exposure**

1. a. Does the camp employ medical personnel?  Yes  No  
b. If yes, how many of each?  
 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, provide details: \_\_\_\_\_  
d. Are pre-camp medical exams required?  Yes  No
4. Are there any counseling service offered?  Yes  No  
*If yes, provide certificate of insurance for professional exposures.*

**Section 7 – 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: \_\_\_\_\_ ft.   Maximum: \_\_\_\_\_ ft.

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 clearly marked and roped off?  Yes  No

5. a. Is the pool compliant with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No

b. If no, explain action plan and time table for compliance: \_\_\_\_\_

### 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: \_\_\_\_\_ ft.

2. a. Are there diving boards or platforms?  Yes  No

If yes, how many? \_\_\_\_\_ Height \_\_\_\_\_ Length \_\_\_\_\_

b. Depth of water in diving area: \_\_\_\_\_ ft.

c. Is depth uniform throughout the diving area?  Yes  No

3. a. Is there a water trampoline and/or water blob? *If yes, attach rules for use of the trampoline.*  Yes  No

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? \_\_\_\_\_

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### Section 8 – 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? *If yes, attach a written safety plan.*  Yes  No

5. Is there always a spotter on the boat?  Yes  No

6. a. Minimum age of driver: \_\_\_\_\_

b. Minimum age of rider: \_\_\_\_\_

7. Are Coast Guard approved lifejackets required on all boating activities?  Yes  No

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### Section 9 – 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? *(Send a copy of the inspection.)* \_\_\_\_/\_\_\_\_/\_\_\_\_

4. a. Number of high elements: \_\_\_\_\_

b. Number of low elements: \_\_\_\_\_

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**NOTE: NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Submit Application To:**

Allen Financial Insurance Group

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