



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).

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: _____

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 & 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: _____
	Construction type:	
Year built:		
Year of updates: <i>Mark N/A if no heating, plumbing &/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
Heat type:	<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: _____
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: _____

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? _____

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

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: _____

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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