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 Package application.

Markel 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:

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<td>Alpine skiing/downhill</td>
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<td>Archery range</td>
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<td>Arts and crafts</td>
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<td>Basketball</td>
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<td>Bicycle trips</td>
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<td>Fitness training</td>
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<td>Flag or touch football</td>
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<td>Flying</td>
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<td>Hang gliding</td>
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<td>Hiking/backpacking</td>
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<td>Hockey</td>
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<td>Ice skating</td>
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<td>Leisure</td>
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<td>Motorbikes/minibikes/motorcycles/ATV's</td>
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<td>Paint ball</td>
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<td>Performing arts</td>
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<td>Photography</td>
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<td>Rappelling/rock climbing</td>
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<td>Ropes course/low elements</td>
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<td>Ropes course/high elements</td>
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<td>Rugby</td>
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<td>Tackle football</td>
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<td>Water skiing</td>
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<td>Woodworking</td>
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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: 

MAIL 0270 03 16
b. Camp accredited by:  
☐ None  
☐ ACA  
☐ Other: ____________________________

7. What is the age range of campers? ____________ Ratio of counselors: _______ to campers: _______

8. List all counselors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Experience as camp counselor</th>
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*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 _____  
Number of days camp is open per week _____
Number of weeks camp is open per year _____
Hours of operation per day _____

(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

2. Does applicant have a written crisis management/emergency plan?  *Provide 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 ansl 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: __________
   If alcohol is sold at camp, attach a certificate of insurance providing proof of liquor liability coverage with an admitted
“A” rated carrier with liability limits same as applicant.

Section 4 – Saddle animals
1. a. Does the camp teach the following activities?
   □ Hunt seat dressage □ Western pleasure □ Games
   □ Vaulting □ Jumping □ Rodeo activities
   □ Other (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

Section 5 – 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 the smoke detectors: □ 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:
### 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

e. How often is the water quality checked? □ Daily □ Weekly □ Monthly □ Other: ______________________

f. Is pool: □ Above ground or □ In-ground


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?

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: 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
12424 N. 32nd St #101 Phoenix, AZ 85032
602.992.1570  FAX 602.992.8327  email: ballen@eqgroup.com
Website: www.EQGroup.com