

1. GENERAL INFORMATION

| | | | |
|---|-----------|--|-----------|
| Name of Camp | | | |
| Legal address | | | |
| Year founded | | Annual revenues generated from camp operation? | \$ |
| Name of contact person | | | |
| Position of contact person | | Telephone number of contact person | |
| Does the Faith Organization own and operate the Camp? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| When does Camp open and close for the season? | | | |
| Number of Campers enrolled: | Day Camps | | Age range |
| | Overnight | | Age range |
| Web-Site address (if no web-site attach brochure) | | | |
| Is your Camp accredited with the Provincial Camping Association? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

2. PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION

| | | | |
|--|--|--|--|
| Name of prior Camp Insurer | | | |
| Policy number | | Number of years insured with prior Insurer | |
| Expiry date of policy | | Expiring premium: \$ | |
| Has any Insurance Company cancelled or declined to renew an insurance policy for this Camp? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If 'Yes', please provide details of the circumstances: | | | |
| | | | |

Please provide information for all claims (insured or not), occurring in the last five (5) years. If no claims, please check:

| Date of claim | Description | Amount Paid or reserved |
|---------------|-------------|-------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

Broker Information - Is this Camp new business to your office? Yes No

3. LIST BELOW ALL ACTIVITIES/SPORTS THAT TAKE PLACE IN THE CAMP PROGRAM

| | |
|--|--|
| | |
|--|--|

| | | |
|--|------------------------------|-----------------------------|
| Is there a swimming pool? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes', is it constructed to National Spa & Pool Institute (NSPI) design & construction standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Depth of pool? _____ meters | | |
| Are water depths clearly marked? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are 'No Diving' signs posted in shallow water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is pool fenced and locked during the evening hours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is a Certified Life Guard always present when pool is open? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is completion of "pre-camp" swim forms by parents or guardians required? (Please attach a sample form) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there testing of camper's swimming capabilities at start of camp? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a lake or ocean where swimming and water sports take place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the camp owns any watercraft please list details for each below

| Make & Model | Year | Length (feet) | Inboard or Outboard Motor & h.p. | Maximum Speed | Value |
|--------------|------|---------------|----------------------------------|---------------|-------|
| | | | | MPH | \$ |
| | | | | MPH | \$ |
| | | | | MPH | \$ |

| | | |
|--|---------------------------------|-------------------------------------|
| Does waterskiing take place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does white-water rafting take place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are approved lifejackets always worn by boaters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is boating always supervised by trained counselors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are parents/guardians required to provide child's medical history to the Camp? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are staff who prepare meals trained in food safety handling procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If drinking water comes from a well, how often is it tested by local ministry? | | |
| Is there written policy in place regarding use of insect repellent and appropriate clothing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Number of licensed registered nurses and/or physicians at camp? | Nurses <input type="text"/> | Physicians <input type="text"/> |
| Do they carry their own Medical Malpractice insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is medication administered only by nurses or physicians? | Nurses <input type="checkbox"/> | Physicians <input type="checkbox"/> |
| Are all counselors trained in C.P.R.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What is the ratio of trained counselors to campers? | | |
| Are at least two (2) reference checks completed for all counselors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does Camp accept physically/mentally challenged children? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is Camp open to the general public? Yes No If 'Yes', please provide details:

4. PHYSICAL RISK DETAILS

| | | | |
|---|------------------------------|-----------------------------|---|
| Year built | <input type="text"/> | Construction | <input type="text"/> |
| Distance to full-time fire hall | <input type="text"/> | Kilometers | Distance to volunteer fire hall <input type="text"/> Kilometers |
| Distance to hydrants | <input type="text"/> | meters | |
| Type of heating system | <input type="text"/> | | |
| Type of secondary heating system, if any | <input type="text"/> | | |
| Are all buildings/cabins equipped with smoke/heat detectors/fire extinguishers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Are main buildings equipped with lightning protection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| In kitchen, are hoods, ducts, filters, deep fryers & fans cleaned on a regular basis to prevent grease build-up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is there an extinguishing system located above the cooking appliances/deep fryer? If Yes, does it have a maintenance contract? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| During the off-season, does a care-taker live on site? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have arrangements been made with local police to patrol premises from time to time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| During the off-season, is the entrance to camp gated and locked? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is the electrical wiring code compliant and checked periodically by an electrician? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is smoking prohibited inside all buildings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Are campfires supervised and always extinguished with water or sand before retiring for the evening? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

5. COVERAGES AND LIMITS

| Property (90% Co-insurance clause applies) | | |
|--|---|----------------|
| | Replacement Cost (RC) or Actual Cash Value(ACV) | Limit Required |
| Building ** | | \$ |
| Stock ** | | \$ |
| Equipment ** | | \$ |
| Equipment Floater (provide list of equipment - year, make/model, serial # and individual values) | Actual Cash Value | \$ |
| Loss of Income - Gross Earnings (80% CO) | | \$ |
| Extra Expense | | \$ |
| Professional Fees | | \$ |

** Attach separate schedule listing individual buildings, outlining what each is used for and the limit for each one

Liability

| | |
|--|----|
| Commercial General Liability - each occurrence/aggregate | \$ |
| Tenant's Legal Liability - Broad Form | \$ |
| Non Owned Automobile | \$ |
| Employee Benefits | \$ |

Please complete separate applications if Umbrella Liability, Director's & Officers Liability or P.S.A. Required

Please attach the following to the application: Camp Operating Procedures Manual; Diagram of Site Showing Detachment and Layout of Building; Colour Photographs of Buildings

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada

Date

Signature of Officer

Title