



**CAMP QUESTIONNAIRE FOR USE WITH: DAY & OVERNIGHT CAMPS**

NOTES: We require a **minimum** of 14 days to provide a quote. Please include:

- Copy of Brochure and Camper Application
- Copy of most recent Fee Schedule
- Copy of past Insurance Policy

**1. GENERAL INFORMATION:**

(a) NAME OF CAMP: \_\_\_\_\_  
 KEY CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

(b) Nature of Insured's activities/operations: \_\_\_\_\_

(c) Applicant is: \_\_\_\_\_ For Profit Organization or \_\_\_\_\_ Not For Profit Organization

(d) Applicant is: \_\_\_\_\_ a Corporation \_\_\_\_\_ a Partnership \_\_\_\_\_ a Sole Proprietor

If incorporated, Date: \_\_\_\_\_

(e) Governing Bodies, Officers, Trustees \_\_\_\_\_ number of each

Officers \_\_\_\_\_  
 Board of Trustees \_\_\_\_\_  
 Advisory Board Members \_\_\_\_\_

(f) Conducted business continuously since: \_\_\_\_\_

(g) Total Receipts for next twelve months: \_\_\_\_\_

(h) Present Insurer: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Is the present Insurer offering renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO", why not? \_\_\_\_\_

Are they restricting cover? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", why and how? \_\_\_\_\_

**2. LIABILITY:**

(a) Limit of Liability requested: \$ \_\_\_\_\_  
 Level of Deductible requested: \$ \_\_\_\_\_

	Male	Female	Total	
(b) Number of Campers Up to Age 13				Number of Counsellors
Number of Campers 14 to Age 18				Number of Volunteers
Number of Campers 19 and Over				Number of Camp Directors
Number of Camp Weeks:				Number of Weekends with Groups
				Groups using Camp Facility:
Do you operate year round?				YES _____ NO _____
Do you operate on a limited basis during the winter?				YES _____ NO _____
If Yes, explain	_____			
_____				

Describe all activities which are usual to your normal camping program:

\_\_\_\_\_

Describe any activities that are unique to your camp. i.e. horses, scuba, jet ski, rock climbing etc.

\_\_\_\_\_

HORSES AND LIVESTOCK – Do you own your own? YES \_\_\_\_\_ NO \_\_\_\_\_

HORSES What program to you have in place for training horses. What Training and qualifications do the instructors have?

\_\_\_\_\_

ROPES Do you have a ropes Course. Yes \_\_\_\_\_ No \_\_\_\_\_

COURSE Do you attend a Ropes Course operated by another company? Yes \_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Provide Background on Instructors, Ropes Course Programs, Course Design, Safety Precautions, and what Certification your Course Design has.

\_\_\_\_\_

Do you have a waterfront facility? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Describe: \_\_\_\_\_

Do you have a swimming pool? YES \_\_\_\_\_ NO \_\_\_\_\_ Depth \_\_\_\_\_

What is the minimum qualification you accept for staff involved with your aquatic program? i.e. Red Cross/Royal Life Saving etc.

Do you have staff trained in C.P.R. (Cardio Pulmonary Resuscitation)? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you offer overnight canoeing trips away from your main camp? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the minimum level of swimming proficiency that you require to allow campers to use canoes?

How many counsellors do you have accompany overnight trips and what program is in place to control campers?

What are the minimum age and qualifications you require of your:

1. Lifeguards: \_\_\_\_\_
2. Boat Operators: \_\_\_\_\_
3. Riding Instructors: \_\_\_\_\_
4. Counsellors: \_\_\_\_\_

Does your camp operate any watercraft? YES \_\_\_\_\_ NO \_\_\_\_\_

What Type? \_\_\_\_\_

Maximum Horsepower or speed: \_\_\_\_\_

Do you have a water skiing program? YES \_\_\_\_\_ NO \_\_\_\_\_



If yes, what restrictions do you impose? i.e. minimum swimming ability, minimum age, boat speed etc.

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Do you have a full time nurse on staff?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Paid?	<input type="checkbox"/>		
	Volunteer?	<input type="checkbox"/>		
Is the nurse currently registered?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you carry medical malpractice insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If your nurse is a volunteer, does she carry her own malpractice insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**3. WAIVERS:**

Are campers required to sign waivers of liability?  
If yes, attach a copy of your waiver.

YES  NO

Do you accept responsibility to supervise/administer medication?

YES  NO

Are campers required to sign waivers for the administering of medications?

YES  NO

Do you obtain O.H.I.P. numbers from campers and staff in the event hospital admission or emergency room treatment is required?

YES  NO

Who in your organization is responsible for maintaining these records?

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Does your camp own, rent, or use any vehicles?  
If yes, please list:

YES  NO

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Are any of the vehicles used to transport campers to and from camp? If yes, please explain.

YES  NO

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Are any of the vehicles used to transport campers, during their stay, for camp activities? If yes, please explain.      YES \_\_\_\_\_ NO \_\_\_\_\_

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What procedure do you have to determine the qualifications of those staff that drive your vehicles?

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What is the age of the youngest staff member that would drive vehicles on behalf of the camp?

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Does your camp have access to, and make use of any vehicles that are rented, loaned or donated to the camp? If yes, please explain.      YES \_\_\_\_\_ NO \_\_\_\_\_

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**4. PROPERTY:**

What fire prevention program do you have in place?

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Do you have fire drills with your counsellors? How often?      YES \_\_\_\_\_ NO \_\_\_\_\_

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In your opinion, what is the maximum probable loss the camp would sustain in the event of a fire?

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Describe the type of construction used in all your buildings and attach photos (preferably digital)

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How are your buildings heated?

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Describe what facilities you have on your premises to contain or extinguish a fire before a fire department can attend?

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What is the distance to the nearest responding firehall? \_\_\_\_\_

Where is it located? \_\_\_\_\_

Do you have an automatic fire alarm system? \_\_\_\_\_

YES

NO

If yes, describe:

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If you do deep-fat frying, do you have a CO2 system and is it under a service contract?

Name of Service Contractor: \_\_\_\_\_

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**5. MISCELLANEOUS:**

List all boats and include their serial number (if applicable), showing the replacement value of each/

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List all Contents, Buildings, and Camp Equipment such as canoes, sailboards, sports equipment etc. showing a total replacement value for each group of equipment. i.e. 20 canoes valued at \$80,000:

Buildings:

Contents:

Office Contents:

Misc. Items:

Canoes:

Boats:

Sport Equipment:

Other:

List all camp equipment such as tools, maintenance equipment, riding mowers, power tools, generators, etc. showing the replacement value for each group. If there is any item in excess of \$1,000, describe it separately:

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Do you have any boilers or air compressors on your premises? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, describe:

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Do you have any hydro transformers on your premises? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, do you own them or does the utility own them? YES \_\_\_\_\_ NO \_\_\_\_\_

Explain:

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**PROPERTY DESCRIPTION:**

- Please Provide by Email or mail us photos of all buildings
- Layout - Attach a camp layout showing the distances between each building
- Inspection and Upkeep - Who inspects the property and maintains the property and services the facility? How often?



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CLAIMS – List and describe any claims your camp has had during the past 5 years:

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PLEASE ATTACH A COPY OF YOUR MOST RECENT BROCHURE AND FEE SCHEDULE

IF ADDITIONAL SPACE IS REQUIRED FOR ANY ANSWER, PLEASE USE THE REVERSE SIDE OF THIS FORM OR ATTACH SEPARATE PAGES