

ZAS

Zurich Agency Services

CAMP QUESTIONNAIRE

- CAMPERS MAY BE REQUIRED TO PURCHASE ACCIDENT INSURANCE
- SEXUAL ABUSE QUESTIONNAIRE REQUIRED IF COVERAGE DESIRED
- AUTOMOBILE QUESTIONNAIRE REQUIRED IF TRANSPORTATION PROVIDED
- SWIMMING POOL QUESTIONNAIRE REQUIRED IF THERE IS A POOL

Named Insured: _____

Location of Camp: _____

Number of Acres: _____ Number of Camp Sessions: _____

Number of Camp Days: _____ Number of Campers per Session: _____

Is there a pre-employment background check for staff/volunteers? Yes No

Number of Counselors per Session: _____ Ratio of Counselors to Campers: _____

Number of Campers: (6-10 years) _____ (10-14 years) _____ (14-18 years) _____ (18+) _____

Number of Physically Disabled: _____ Number of Mentally Disabled: _____

Number of Cabins: _____ What is the distance in feet between buildings? _____

Beds per Cabin: _____

How are cabins heated? _____

Is the camp seasonal in nature? Yes No

Is there a caretaker when the camp is closed? Yes No

Is a hold harmless/waiver signed by parents? Yes No

Describe transportation to camp. _____

Please list camp activities. _____

1. Is a formal safety program in place? (please attach copy) Yes No

2. Are heat/smoke detectors in cabins? Yes No

3. Is camp inspected/approved by the state? Yes No

4. Is a fire department available for call? Yes No

What is the distance to fire department? _____ miles

5. What is water accessibility? (describe) _____

6. Is transportation available for emergencies? Yes No

7. Are swimming facilities available? Yes No

Pool _____ Lake _____

Diving Board Yes No Other _____

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

8. Is horseback riding available for campers? Yes No
 Explain safety procedures for horseback riding. _____

9. Is canoeing or boating available for campers? Yes No
 Number of Canoes/Boats _____ Explain Type of Canoeing/Boating _____
 Explain safety procedures for canoeing/boating. _____

10. Does camp have an archery range? Yes No
11. Does camp have a gun range? Yes No

MEDICAL CONCERNS

1. Are medical emergency plans in place? Yes No
2. Is staff trained in medical procedures? Yes No
3. Are medical evaluations of campers obtained? Yes No
4. Are medical releases obtained for campers? Yes No
5. Is medication dispensed only by instruction of physician? Yes No
6. Is medication stored in safe place/not accessible to children? Yes No
7. Is a written emergency plan posted? Yes No
8. How often are drills practiced for: Fire: _____ Tornado/Storm: _____
 Explain procedures: _____
9. Explain the storage/containers/labeling of any hazardous or poisonous materials.

10. What is the frequency of fire extinguisher inspections? _____

 Date of Last Inspection: _____

DINING

1. Does the dinning facility have an automatic extinguishing system over the cooking surfaces? Yes No
2. Describe the cooking/meal preparation. _____

3. Are children involved in the meal preparation? Yes No

AGENCY NAME: _____

COMPLETED BY: _____ DATE: _____

PLEASE PROVIDE A BROCHURE DESCRIBING CAMP ACTIVITIES

Return To:
 Zurich Agency Services
 118 South Clinton Street – Suite 350
 Chicago, Illinois 60661
 Phone: 877-447-7286
 Fax: 312-879-9300