



# Commercial Equine Camp Supplement

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 Phone: (800) 821-5558 Fax: (913) 897-1444 Website: www.agrisk.com

**This form is intended for camps as part of a commercial equine policy.**

**Complete this form and return it to Agri Risk with a completed Commercial Equine or Farm Package application.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 1 - Type of Camp

- Check all that apply:  Day Camp;  Resident/Overnight Camp;  Travel Camp;  Sports Camp;  
 Special Needs;  Adult;  Profit;  Non-Profit;  Boys;  Girls;  Co-ed;  Other: \_\_\_\_\_
- 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"/> Swimming Lessons
<input type="checkbox"/> Alpine Skiing/Downhill	<input type="checkbox"/> Flag or Touch Football	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Tackle Football
<input type="checkbox"/> Archery Range	<input type="checkbox"/> Flying	<input type="checkbox"/> Photography	<input type="checkbox"/> Tennis
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Go Karts	<input type="checkbox"/> Rapelling/Rock Climbing	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Recreational Swimming	<input type="checkbox"/> Tubing
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hang Gliding	<input type="checkbox"/> Rifle Range	<input type="checkbox"/> Tumbling/Gymnastic
<input type="checkbox"/> Bicycle Trips	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Roller Skating/In-Line	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boating	<input type="checkbox"/> Hockey	<input type="checkbox"/> Skating	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Canoe Trips	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Ropes Course/Low Elements	<input type="checkbox"/> White Water Rafting
<input type="checkbox"/> Caving	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Ropes Course/High Elements	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Sailboarding	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cross-Country Skiing	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Sailing	_____
<input type="checkbox"/> Diving	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Scuba Diving	_____
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> Motorbikes/Minibikes	<input type="checkbox"/> Snorkeling	_____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Motorcycles/ATV's	<input type="checkbox"/> Soccer	
		<input type="checkbox"/> Softball	

- Does applicant contract with others for program services for any of the above activities?  Yes  No
  - If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
  - Are certificates of insurance obtained from subcontractors?  Yes  No
- Where are camp sessions held:  Owned;  Leased;  Public Land;  Other: \_\_\_\_\_
- Does applicant transport campers?  Yes  No If yes, provide details.
- Indicate all organizations of which applicant is a member:  None;  ACA;  CCI;  NARHA;  Other: \_\_\_\_\_
  - Camp accredited by:  None;  ACA;  Other: \_\_\_\_\_
- 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**

1. 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 a 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 ansul 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: \$ \_\_\_\_\_

*\*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 they  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:

<i>Attach pictures of all buildings inside &amp; out.</i>	Building #1 <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other _____	Building #2 <input type="checkbox"/> Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Other _____
	Location #: _____	Location #: _____
<b>Construction Type:</b>		
<b>Year Built:</b>		
<b>Year of Updates:</b> <i>Mark N/A if no heating, plumbing &amp;/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
<b>Heat Type:</b>	<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: _____
<b>Protective Devices:</b>	<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**

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**  
(\*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: \_\_\_\_ Maximum: \_\_\_\_  
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 cleared 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: \_\_\_\_\_ feet
2. a. Are there diving boards or platforms?  Yes  No If yes, how many:\_\_\_\_; Height:\_\_\_\_; Length:\_\_\_\_  
b. Depth of water in diving area: \_\_\_\_\_ feet  
c. Is depth uniform throughout the diving area?  Yes  No
3. a. Is there a water trampoline and/or water blob?  Yes  No (Please attach rules for use of the trampoline.)  
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?  Yes  No (If yes, attach a written safety plan.)
5. Is there always a spotter on the boat?  Yes  No
6. a. Minimum age of driver: \_\_\_\_ b. Minimum age of rider: \_\_\_\_
7. Are coastguard 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: \_\_\_\_

This supplement must be approved by Agri-Risk Services, Inc. prior to coverage being bound.  
This supplement becomes part of your application and must be signed and dated.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_