Camp Questionnaire

GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Name of Organization _____

Website address _____   FEIN _____

If you do not have a website, attach brochure and detailed description of daily activities of organization.

	Yes	No
Is insured a non-profit?	☐	☐

Years in business _____   Years under current management _____

Completed by _____   Title _____

Signature _____   Email _____

Date Completed _____

A. General Operations & Facilities

1. Provide all applicable information:

   Payroll _____   Number of employees _____

   Number of volunteers _____   Projected revenue _____

   Previous insurance carrier? _____

	Yes	No
Has there been a lapse in coverage?	☐	☐

2. Does your organization provide accident insurance for campers?   ☐   ☐

   If yes, a.   Insurance company name _____

                 Policy number _____

         b.   Policy period _____   Limits _____

         c.   Accident insurance: ☐   applies to all members or clients   ☐   is optional, at member or clients' expense

3. Is your organization or any location operated by you licensed by any regulatory authority?   ☐   ☐

   If yes, attach copies of all licenses and most recent inspection reports.

4. Please indicate if your organization provides programs or services pertaining to any of the following:

☐ Advanced science experiments	☐ Alternative sentencing, incarceration or lock-down programs
☐ Assistance with Activities of Daily Living (ADL) *(e.g. bathing, dressing, toileting, etc.)*	☐ Cannabis dispensing, storage, or permitted use *(medical or recreational)*
☐ Conversion therapy	☐ Drones or aircraft
☐ Fiscal sponsorship or insurance coverage to other entities	☐ Individuals with Alzheimer's or Dementia
☐ Individuals with severe mental illness *(e.g.bipolar, schizophrenia, paranoia,etc)*	☐ Individuals with suicidal or violent behavior
☐ Medical services *(e.g. skilled nursing, prescription of medications, etc.)*	☐ Sexual offenders or individuals with sexually abusive behavior
☐ Sports camp or extreme physical challenges	☐ Weight Loss
☐ **None of the above services or programs are applicable**	

A. General Operations & Facilities *Continued*

	Yes	No

If yes to any listed above, describe:

		Yes	No
5.	Does your organization utilize chemical or physical restraint or confinement techniques?	☐	☐
6.	Are firearms or any other weapons permitted on premises *(by employees, volunteers, clients, customers, etc.)*?	☐	☐
	If no, are signs posted at entrances to inform visitors of the no firearms allowed policy?	☐	☐

If yes, provide copy of policy/procedures.

		Yes	No
7.	Do you have or permit animals *(i.e.pets)* to be on premises?	☐	☐

If yes, please describe controls/procedures:

		Yes	No
8.	Does your property have any unique features?	☐	☐

☐ Decks   ☐ Docks   ☐ Footbridge   ☐ Waterways   ☐ Bridge   ☐ Dam

☐ Marina   ☐ Fuel Tank   ☐ Other *(describe)* _____

		Yes	No
9.	Do you have any plans for renovations or new construction during the next 2 yrs?	☐	☐

If yes, describe _____

10. What percentage of your building(s) is vacant, under renovation, unoccupied *(including temporarily)*, or for sale? _____

☐ Not Applicable

If applicable, provide address of building(s) _____

		Yes	No
11.	Does your organization create your own advertising, brochures, pamphlets, websites, or other materials using photographs taken by you or someone in your organization?	☐	☐

If yes,

		Yes	No
a.	Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others *(e.g. pictures)* or prior to using the work product of others?	☐	☐
b.	Do you contract with a third party for creation or legal review of any materials?	☐	☐

B. Management Practices   ☐ Not Applicable

			EMPLOYEES ☐ No Employees		VOLUNTEERS ☐ No Volunteers	
			Yes	No	Yes	No
1.	Indicate all employee and/or volunteer screening controls utilized by your organization.					
	a.	Signed applications and photo identification required	☐	☐	☐	☐
	b.	Personal interviews conducted and personal references verified	☐	☐	☐	☐
	c.	Minimum 5 years of employment history verified	☐	☐	☐	☐
	d.	Drug testing	☐	☐	☐	☐
	e.	Professional licensing/certification verification	☐	☐	☐	☐

B. Management Practices *Continued*

2. Indicate all employee *(and/or volunteer)* background checks utilized by your organization	EMPLOYEES ☐ No Employees		VOLUNTEERS ☐ No Volunteers	
	Yes	No	Yes	No
a. Name check – state level	☐	☐	☐	☐
b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
c. State level 10-digit fingerprint check	☐	☐	☐	☐
d. FBI fingerprint check regardless of time person has resided in the state	☐	☐	☐	☐
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	☐	☐	☐	☐
f. Other – please provide description:				

3. Are all screening controls and background clearance controls completed prior to:	Yes	No
a. Hiring employee or accepting volunteer?	☐	☐
b. Employee or volunteer contact with client?	☐	☐
Explain any **NO** responses:		

		Yes	No
4. Do applications contain a notice that a criminal background check may be run on all candidates?		☐	☐
If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?		☐	☐
5. Do you allow volunteers under the age of 18?		☐	☐
If yes,			
a. Do you require a Parent or Guardian sign a volunteer waiver and release for those under the age of 18?		☐	☐
b. Do you require staff under the age of 18 to be supervised by an experienced adult employee?		☐	☐

6. How frequently does your organization run background checks?
   ☐ Prior to Hire   ☐ Annually   ☐ Biannually   ☐ Other_____

7. How long does your organization retain employee and volunteer records, including records of background checks?
   ☐ Number of years_____   ☐ Permanently

8. Do you have a risk manager on staff?	☐	☐

9. How long do you retain incident reports for any injuries and documentation of actions taken?
   ☐ Number of years_____   ☐ Permanently

C. Organizations in Business Less than 3 Years   ☐ **Not Applicable**

Complete this section if your organization has not been in business at least 3 years.

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

D. Property ☐ **Not Applicable**   **Yes**   **No**

1. Regarding electrical systems,

   a. Does your facility have aluminum wiring? ☐ ☐

   b. Does the electrical have knob and tube wiring? ☐ ☐

2. Does your organization have any outdoor paved surfaces *(patios, sports courts, etc.)* or other type of outdoor property or equipment *(gates, fences, playground equipment, etc.)*? ☐ ☐

   a. **If yes**, was all equipment manufactured by a commercial manufacturer? ☐ ☐

   b. Was all equipment installed by an insured contractor? ☐ ☐

   c. Is the outdoor equipment gated including a self-closing mechanism? ☐ ☐

   d. How frequently is the playground inspected for safety? ☐ Weekly ☐ Monthly ☐ Quarterly
      Other_____

   e. Would you like property coverage for any paved surfaces, outdoor property or equipment? ☐ ☐

   If yes, describe type of property or equipment, the location, and the value below, or list on the Acord Property application.
   _____

3. Do you have any solar panels? ☐ ☐

   If yes, please advise kilowatt (kW): Number of panels _____ Age of panels _____

4. Do you have any air-supported or tension supported buildings? ☐ ☐

   If yes, please advise address _____

   Age of building _____ Manufacturer_____

5. Are portable heaters used in any buildings? ☐ ☐

6. Do you operate commercial cooking equipment? ☐ ☐

   If yes, describe type and safety controls:

7. Indicate all protective systems:

   ☐ **Sprinklers:**

      If not 100%, indicate areas that are equipped with functioning sprinklers _____

      Are all sprinkler heads either recessed or protected by sprinkler head guards? ☐ ☐

   ☐ **Smoke detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up

   ☐ **Carbon monoxide detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up

8. What security measures are in place? *(Check all that apply)*

   ☐ Electronic locks ☐ Automated Access System ☐ Alarmed doors
   ☐ Security cameras ☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills

9. Do you have security guards for regular operations? ☐ ☐

   If yes,

   a. Are security personnel: ☐ Employed ☐ Volunteer ☐ Contracted Third Party
      ☐ On-Duty Police Officers ☐ Off-Duty Police Officers ☐ Other_____

      If contracted, provide copy of contract.

   b. Is security; ☐ Unarmed ☐ Armed: Describe weapons _____

   c. Number of Security Personnel_____ Payroll *(or contract premium)* _____

D. Property *Continued*

    d.   Additional security comments _____

E. Camps ☐ **Not Applicable**

1. **Program Type**

	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Attendees per Day					
Number of Days					

2. Number of campers in each age range   8 or younger _____   9-14 _____   15-18 _____   older than 18 _____

3. Total number of: Adult Counselors _____   Youth Counselors _____

4. Please describe frequency of counselor training _____

5. Please indicate your accreditations and next renewal date:

    ☐   American Camping Association (ACA)   Date _____

    ☐   Certified Horsemanship Association (CHA)   Date _____

    ☐   Other_____   Date _____

		Yes	No
6.	Are waivers in place for all campers?	☐	☐
	Please provide a copy		
7.	Are drop off/pick-up procedures in place?	☐	☐
8.	Are visitor check-in/check-out procedures in place?	☐	☐
9.	Do you keep a medical history on file for each camper?	☐	☐
10.	Are prescription medication procedures in place *(inclusive of proper storage and authorized dispensing instructions)*?	☐	☐
11.	Are food allergy procedures in place?	☐	☐
12.	Is food properly stored and served according to government requirements?	☐	☐
13.	Does program policy allow the use of corporal punishment?	☐	☐
	If yes, provide policies and procedures.		
	If no, is there a formal, written policy prohibiting the use of corporal punishment?	☐	☐
14.	Do you require at least one CPR and First Aid certified employee to be on duty at all times?	☐	☐
15.	Do you have automatic external defibrillators (AED)?	☐	☐
	If yes,		
a.	Do you maintain them according to manufacturer recommendations?	☐	☐
b.	Do you provide proper training to staff?	☐	☐
16.	Are written medical emergency and evacuation procedures in place?	☐	☐
17.	Is the property located in an area prone to brush or wildfires?	☐	☐
	If yes, please describe risk management controls in place to reduce burn exposure?	☐	☐
18.	Do you have written procedures to utilize an alternate water source and an automatic pump for fire suppression?	☐	☐
a.	**If yes**, is the system and pump tested annually?	☐	☐
b.	Please describe the water source _____		
19.	Does the local fire department or forest service conduct an annual inspection?	☐	☐
20.	When is the last time the local fire department and/or forest service visited the camp? Date _____ ☐ **Never**		

E. Camps *Continued*

		Yes	No
21.	Is the campground open seasonally *(closed during off-season)*?	☐	☐
	If yes,		
	a. Does a caretaker live on the camp premises year-round?	☐	☐
	b. Water turned off at the source and drained from internal pipes of buildings not in use?	☐	☐
	c. Which utilities remain on during off-season? _____		
	d. How often is camp inspected during the off-season?_____		

		Yes	No
22.	Number of times a year your premises is rented, either for a fee or at no cost? _____ ☐ **Not Applicable**		
	a. Are all renters required to sign a written rental contract?	☐	☐
	b. Does your rental contract contain "hold harmless" clause in your favor?	☐	☐
	c. Does your contract require you to be named as Additional Insured on the renter's insurance policy?	☐	☐
	d. Does agreement make the renter responsible for security during rental period?	☐	☐
	e. Do you permit renters to sell, serve or furnish alcohol on premises?	☐	☐
	i. **If yes**, do you require controls for this exposure in your rental contract terms *(training for servers, COI from caterer, etc.)*?	☐	☐
	ii. **If no**, does the rental agreement stipulate no alcohol permitted on premises?	☐	☐
	f. Is there a staff member on site and available for questions during rental?	☐	☐

F. Abuse Coverage   ☐ **Not Applicable**

		Yes	No
1.	Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made against your organization *(or any individual covered by this policy)*?	☐	☐
	If yes, explain_____		
2.	How long do you retain reports of allegations of abuse and the actions taken?		
	☐ Number of years _____ ☐ Permanently		
3.	How does your organization monitor areas of 'perceived privacy' *(playgrounds, bathrooms, cabins, etc.)*? _____		
4.	Do you conduct regular sex offender registry screening on all employees, independent contractors, and volunteers?	☐	☐
	If yes, do you collect signed acknowledgments that advise that the individual may be rejected or terminated if a sex offender match occurs?	☐	☐
5.	Does your organization enforce the 3-person rule *(require at least 2 employees or volunteers be with campers at all times)*, prohibiting all employees and volunteers from being alone with a camper, including during transportation?	☐	☐
	If no explain:		
6.	Does your organization have written abuse policies?	☐	☐
	If yes, do your policies and procedures:		
	a. Communicate a zero-tolerance approach to inappropriate behaviors.	☐	☐
	b. Define appropriate and inappropriate behavior and contact.	☐	☐
	c. Communicate the organization will investigate and cooperate with law enforcement.	☐	☐

F. Abuse Coverage *Continued*

7. Indicate abuse or molestation prevention training provided:

	None	Orientation Yes	No	Formal training Yes	No	Annual training Yes	No	Training documented and retained Yes	No	Number of years records are retained?
Employees	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Volunteers	☐	☐	☐	☐	☐	☐	☐	☐	☐	

G. Professional Liability   ☐ Not Applicable

1. List number of employees *(full or part-time)*, volunteers and contractors by position:

☐ Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Teachers, daycare workers			
Special education teachers			
Lifeguards			
Camp Counselors			
Health care professionals *(e.g. NP, CNA, LPN, RN, etc.)*			
Medical Doctor, Dentist, Psychiatrist			
Other degreed professionals *(Describe degree level and position):*			

Please describe the responsibilities of any medical staff:

		Yes	No
2.	Of the employees, volunteers and contractors listed above, do any carry their own professional liability or medical malpractice liability insurance?	☐	☐
	If yes, are procedures in place to verify current insurance is maintained at all times?	☐	☐
3.	Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?	☐	☐
	If yes, are procedures in place to verify current licenses and/or certifications are maintained?	☐	☐
4.	Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	☐	☐
5.	Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
6.	Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
7.	Is your organization aware of any situations or circumstances in the last five years *(including lawsuits)* that may result in a professional claim made against your organization or any individual covered by this policy?	☐	☐

If yes, please provide details.

H. Automobile Coverage *(If no scheduled autos, skip to question 6)*   ☐ Not Applicable   Yes   No

		Yes	No
1.	Are all autos submitted for coverage titled to the organization?	☐	☐

H. Automobile Coverage *Continued*

	Yes	No

If no, describe which autos are not titled to the organization and list the titled owner:

2. Please indicate the types of vehicles used by your organization *(select all applicable)*

☐ Owned ☐ Leased ☐ Leased with a driver *(or chartered)*

3. What types of driver training do you provide your drivers?

Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing

☐ Other _____

Training Types: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van Training

☐ Wheelchair lift training ☐ Wheelchair lift training ☐ Other _____

	Yes	No
4. Do you provide transportation to any campers or employees?	☐	☐

If yes, describe services:

	Yes	No
a. Are strict routes and timetables enforced?	☐	☐
b. When transporting passengers younger than 18 years of age, are 2 adults present?	☐	☐
c. Are you following all applicable state and federal licensing laws?	☐	☐
d. Do you maintain driver files on CDL licensed drivers?	☐	☐
e. Do any autos have wheelchair lifts?	☐	☐
5. Do you contract with a third-party bus contractor to transport campers?	☐	☐
a. Do you require a certificate of insurance from the bus contractor?	☐	☐
b. Is your organization named as an additional insured on the bus contractor's insurance policy?	☐	☐
c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor?	☐	☐
6. Do you have a distracted driver policy in place *(including employees or volunteers that drive their own vehicles for business use)*?	☐	☐

If yes, how is it enforced _____

	Yes	No
7. Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* while driving *(including employees or volunteers that drive their own vehicles for business use)*?	☐	☐
8. Does your organization spend more than $2,500 on vehicle rentals per year?	☐	☐

If yes, annual cost $ _____

9. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs:

_____

a. Indicate type of usage *(select all that apply and provide description)*:

☐ Errands ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Delivery of meals or property ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Transportation of others ☐ Daily or ☐ Weekly; Average Number of trips per week _____

	Yes	No
b. Does your organization require proof of personal auto insurance annually?	☐	☐
c. Does your organization require at least 100,000 personal auto policy limits?	☐	☐

10. Does your organization:

H. Automobile Coverage *Continued*

		Yes	No
a.	Run Motor Vehicle Records (MVRs) at the time of hire, for all drivers *(including drivers of owned autos and non-owned autos, employees and volunteers)*?	☐	☐
b.	Run annual MVRs on all drivers?	☐	☐

11. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:

		Yes	No
a.	Driver has more than 2 moving violations/accidents within past three years?	☐	☐
b.	Driver has a major violation in last 5 years *(driving while intoxicated, reckless driving, leaving the scene, etc.)?*	☐	☐
c.	Driver has a suspended, expired, or revoked license?	☐	☐

		Yes	No
12.	Do you have a dashboard camera installed in all of your vehicles?	☐	☐

If yes, please indicate the type(s):   ☐ Forward facing only   ☐ Forward and rear cameras

		Yes	No
13.	Do you utilize telematics?	☐	☐

If yes,

a. On how many vehicles? _____

b. Who is your current telematics provider? _____

c. What type of telematics program are you using?

☐ Data Sensors   ☐ Integrated GPS Navigation   ☐ Wireless Mobile Devices   ☐ Other_____

I. Recreational Activities   ☐ **Not Applicable**

1. Please indicate applicable recreational activities offered at any location:

☐ Archery	☐ Hockey - Ice, Street, Roller or Field	☐ Rollerblading, skating, skateboarding**
☐ Baseball or Softball	☐ Inflatable Devices *(Bouncers, etc.)*	☐ Snow skiing or Snowboarding**
☐ Basketball	☐ Kayaking	☐ Soccer
☐ Biking - Mountain biking, BMX dirt bikes, etc.	☐ Lacrosse	☐ Swimming or Diving**
☐ Climbing walls or towers**	☐ Motorized Vehicles *(ATVs, motorcycles)*	☐ Trampolines, mini trampolines
☐ Cycling	☐ Motorized Boating/Towing Activities**	☐ Volleyball
☐ Equestrian or Horseback riding**	☐ Obstacle course(s) or Ropes Course(s)**	☐ Wilderness trips
☐ Football – flag	☐ Paintball	☐ Ziplines**
☐ Football – tackle	☐ Parkour	☐ Other_____
☐ Giant Swings	☐ Riflery or Airsoft**	☐ Other_____
☐ Gymnastics**	☐ Rock climbing, rappelling**	☐ Other_____

Describe in detail the safety controls in place for the indicated recreational activity.

**See questions below pertaining specifically to the controls in place for activities followed by **.	Yes	No
2. Do you offer horseback riding activities of any kind?	☐	☐

If yes,

a. Number of horses owned? _____   Number of horses leased? _____

   Number of participants/riders? _____   Number of contracted wranglers? _____

   Number of employed wranglers?_____

I. Recreational Activities *Continued*

		Yes	No
	Describe riding activities and the locations where the riding occurs *(arena, trail, etc.)*:		
b.	Is riding restricted to an arena or enclosed area?	☐	☐
c.	Is riding offered on trails?	☐	☐
	i. Are riders led and trailed by a staff member?	☐	☐
	ii. Is each rider paired with a partnered guide?	☐	☐
	iii. If horses are leased, are they brought on premise several weeks in advance to become familiar with trails? ☐ **Not Applicable**	☐	☐
d.	Is jumping and racing prohibited?	☐	☐
e.	Are all riders required to wear riding helmets, appropriate clothing and shoes?	☐	☐
f.	Are your programs or professionals certified with Certified Horsemanship Association (CHA)?	☐	☐
3.	Do you own or manage trails or paths?	☐	☐
a.	**If yes**, how frequently are trails inspected and cleared? _____		
b.	Do you maintain inspection and maintenance logs?	☐	☐
c.	Is there posted signage regarding degree of difficulty?	☐	☐
d.	Are all trail grades verified to have less than 15% grade?	☐	☐
e.	Do you have any paths with steep drops or obstacles requiring aerial maneuvers?	☐	☐
4.	Do you offer archery, riflery or airsoft activities?	☐	☐
	If yes,		
a.	Describe the ammunition type _____		
b.	How do you secure ammunition and weaponry when not in use _____		
c.	Number of participants annually _____		
	Describe age range of participants_____		
d.	Participant to supervising staff ratio _____		
e.	Do you provide all weaponry ammunition for participants?	☐	☐
f.	Are weapons inspected to ensure proper working order prior to each use?	☐	☐
g.	Are all participants required to wear safety equipment *(eye protection for archery and both ear and eye protection for firearms)*?	☐	☐
h.	Do you provide appropriate safety training before handling the weapons?	☐	☐
i.	Do you require a certified range safety officer *(Archery USA or NRA certification)* to be present at all times?	☐	☐
j.	Do you own or manage the range?	☐	☐
	ii. **If yes**, is the range outdoor?	☐	☐
	iii. Number of lanes? _____		
	iv. Are your ranges specifically designed so that the ammunition can't be dispersed beyond the range?	☐	☐
	v. Do you allow third parties to use the range?	☐	☐
5.	Do you own or operate any obstacle, challenge, or ropes courses, iplines or giant swings?	☐	☐
	If yes,		
a.	Number of elements _____ Height of elements _____ Number of participants annually _____		

I. Recreational Activities *Continued*

b. Describe the element or course, including location and frequency of use. Include photos.

		Yes	No
c.	Was course designed, built, and inspected by an PRCA *(Professional Ropes Course Association)* or ACCT *(Association for Challenge Course Technology)* Professional Vendor Member?	☐	☐

If no, explain:

		Yes	No
d.	Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT? **Please provide a copy of your last inspection including your response to any indicated failures.*	☐	☐
e.	Is the course, line, or swing secured and inaccessible when unsupervised?	☐	☐

f. How frequently does head of staff go for training and recertification?
☐ Annually ☐ Bi-annually ☐ Other_____

		Yes	No
g.	Are all participants required to wear a helmet?	☐	☐
h.	Is all safety equipment inspected prior to every use?	☐	☐
6.	Do you offer climbing activities?	☐	☐

If yes,

a. Number of participants annually _____ Number of elements _____

b. Select Types:
☐ Indoor Climbing wall or tower: height _____ ☐ Outdoor wall or tower: height _____
☐ Outdoor Rock Climbing ☐ Mobile climbing unit ☐ Other _____

c. Indicate climbing styles available: ☐ Top-rope ☐ Lead climbing
☐ Bouldering or free climb *(maximum height)*_____

d. Type of belay system:
☐ Automatic Belay ☐ Standard 2-person harness ☐ Standard 2-person ground ☐ Self-belay

		Yes	No
e.	Is a certified climbing/belaying instructor required to be present during climbing?	☐	☐
f.	Are climbers required to wear a harness and helmet?	☐	☐
g.	Was the wall or tower designed and installed by a licensed, insured contractor?	☐	☐
h.	Does all safety equipment conform to ASTM *(American Society for Testing and Materials)* standards?	☐	☐
i.	Is all equipment inspected prior to every use?	☐	☐
j.	Are belay system anchors "backed-up"?	☐	☐
k.	Does landing surface padding comply with manufacturer specifications or ANSI *(American National Standards Institute)* standard specification for impact attenuation of surface systems?	☐	☐

Describe padded landing surface and distance from the furthest overhanging point:

		Yes	No
l.	Is the climbing area secured and inaccessible when unsupervised?	☐	☐
m.	Are a first aid kit and a full-time, certified first aid provider present during climbing?	☐	☐

n. Number of climbers or belayers that have been injured in the past year?_____

J. Swimming, Boating, and Water Recreation ☐ Not Applicable

	Yes	No
1. Do you own, lease, or operate any swimming pools?	☐	☐
a. Number of pools on your premises_____		
b. Do you test to identify swimmers and non-swimmers?	☐	☐
c. If pool is leased, who employs the staff?_____ ☐ Not Applicable		
d. Please describe how you train your lifeguards? ☐ Not Applicable/No Guards		
e. Are pool rules posted?	☐	☐
If yes, do the rules include:		
i. No breath holding	☐	☐
ii. Supervision of minors	☐	☐
iii. No diving from pool deck	☐	☐
iv. No lifeguard on duty	☐	☐

   f. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

Size, location and description:	POOL 1		POOL 2		POOL 3	
Indicate number of drains						
Indicate shallow-end depth						
Indicate deep-end depth						
How is depth marked (e.g. indication on pool deck, painted markers on bottom, etc)?						
Frequency of depth marking (number of times depth is indicated)						
	Yes	No	Yes	No	Yes	No
Is the pool indoor?	☐	☐	☐	☐	☐	☐
Are there suspended ceilings above pool?	☐	☐	☐	☐	☐	☐
Pool ceilings inspected by outside contractor?	☐	☐	☐	☐	☐	☐
Date of last inspection						
Enclosed by "child proof" gate?	☐	☐	☐	☐	☐	☐
Slip resistant surfacing on pool deck?	☐	☐	☐	☐	☐	☐
Pool chemicals kept in a dry, ventilated, locked storage area?	☐	☐	☐	☐	☐	☐
Does pool have a pump safety shutoff?	☐	☐	☐	☐	☐	☐
Always 2 certified lifeguards on duty?	☐	☐	☐	☐	☐	☐
If yes, indicate stationed location(s): *Please complete the professional section for Lifeguards.*						
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	☐	☐	☐	☐	☐	☐
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	☐	☐	☐	☐	☐	☐

J. Swimming, Boating, and Water Recreation *Continued*

		Yes	No
2.	Have all pools been equipped with anti-entrapment drain covers or systems?	☐	☐
	If yes, describe systems installed and date for each pool or spa:		
3.	Do you have any diving boards or diving platforms?	☐	☐
	If yes,		
a.	Number of boards/platforms: Describe height _____ Water Depth_____		
b.	Do you have any high flex boards?	☐	☐
c.	Are board entrances secured when not in use?	☐	☐
d.	Are diving boards equipped with slip resistant surfacing?	☐	☐
e.	Are all ladders/stairs equipped with non-skid rubber mats and handrails?	☐	☐
4.	Do you have water slides?	☐	☐
	If yes,		
a.	Number of slides _____		
b.	Are slide entrances secured when not in use?	☐	☐
c.	Describe how access is restricted? _____		
d.	Are all slides less than 10 ft in vertical height?	☐	☐
e.	Are all slide ladders/stairs equipped with non-skid rubber mats and hand rails?	☐	☐
f.	Is slide exit separate from main swimming or pool area?	☐	☐
g.	Is slide exit into water at least 4 ft deep?	☐	☐
h.	Is slide exit horizontal to the water and equal to or less than 18 inches from water?	☐	☐
i.	Lifeguard dedicated to the slide exit?	☐	☐
5.	Does the camp use any "Brown Water" *(lakes, rivers)* for water recreation?	☐	☐
	If yes,		
a.	How do you identify swimmers? _____		
b.	Do you utilize alarming bands?	☐	☐
c.	Are all non-swimmers required to wear Coast Guard approved life jackets?	☐	☐
6.	Do you have water blobs or water trampolines?	☐	☐
	If yes,		
a.	Please describe the device and safety rules:		
b.	Number of devices_____		
c.	Do you enforce a maximum weight difference of 25lbs per participants?	☐	☐
d.	Do you enforce only one jumper at a time?	☐	☐
e.	Are all participants required to wear US Coast Guard approved personal floatation devices *(PFDs)*?	☐	☐
f.	Do you require two lifeguards for supervision at all times?	☐	☐
g.	Do you restrict access when not in use?	☐	☐
7.	Do you offer boating activities?	☐	☐

J. Swimming, Boating, and Water Recreation *Continued*

		Yes	No

If yes, describe the activity and the water location where the activity is held:

a. Do you own or operate boats? _____ # boats without motors _____ # motorboats ☐ **Not Applicable**

	Yes	No
b. Are all boaters required to wear Coast Guard approved life jackets?	☐	☐
c. Do you require safety and emergency instruction be reviewed prior to each trip activity?	☐	☐
d. Do you prohibit boating or boating activities at night?	☐	☐
e. Are certifications required for your motorboat operators?	☐	☐

If yes, who provides the Certification/training? _____

	Yes	No
8. Do you offer water skiing, wake boarding, knee boarding, water tubing, or similar towing activities?	☐	☐

If yes,

a. Number of participants annually _____

b. Number of individuals permitted on boat at one time _____

c. Please describe tow speed controls

	Yes	No
d. Do you require a specified observer to be present *(separate from the boat operator)?*	☐	☐
e. Do you prohibit towing during low light *(sunrise, sunset, etc.)?*	☐	☐
f. Do you utilize a ski flag during towing activities?	☐	☐
g. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets?	☐	☐
h. Do you maintain all equipment according to the manufacturer's specifications?	☐	☐
i. Do you inspect all equipment including the towlines *(handles, lines and connecting hooks)* prior to each use?	☐	☐
j. Do you restrict towing activity to only one line at a time?	☐	☐
9. Do you offer whitewater boating or rafting activities?	☐	☐

If yes,

a. Number of annual participants _____

b. Number of boats/rafts you own or operate _____ Number of trips contracted with third party providers _____

c. Describe whitewater activities including river rating scale or class and number and ages of registrants:

	Yes	No
d. Are all boats staffed by an experienced, insured guide?	☐	☐
e. Do you require at least one member of the trip to be skilled in life saving techniques?	☐	☐
f. Are all rafters required to wear a helmet and Coast Guard approved life jackets?	☐	☐
g. Are all rafters trained on safety procedures?	☐	☐

10. Please indicate any additional water recreational activities offered at any location & number of participants annually:

☐ Canoeing participants _____   ☐ Snorkeling participants _____   ☐ Other_____

☐ Sailing participants _____   ☐ Surfing participants _____   ☐ Other_____

**See questions below pertaining specifically to the controls in place for activities followed by **.

K. Special Events *(including sponsored or co-sponsored events or fundraisers)*   ☐ **Not Applicable**   **Yes**   **No**

1. Total number of events _____

2. Do you work with local authorities for threat assessment prior to the event?   ☐   ☐

3. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	EVENT 1		EVENT 2		EVENT 3	
Name of event						
Date, time and location of event						
Total estimated attendance						
Gross sales from admissions	$		$		$	
Gross sales from food or non-alcoholic beverage sales:	$		$		$	
	Yes ☐	**No** ☐	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐
Annual event?						
Has any claim or incident ever arisen out of this event?	☐	☐	☐	☐	☐	☐
Emergency medical personnel present?	☐	☐	☐	☐	☐	☐
Security personnel present?	☐	☐	☐	☐	☐	☐
Activities at event *(use applicable activity code(s) from list below):*						

Activity Codes *(for use above)*

A.	Golf outing	F.	Fashion or Art Show
B.	Wine tasting	G.	Bingo or Poker
C.	Dinner, gala or picnic	H.	Aircraft *(motorized or not)*
D.	Auctionl Animals	N.	Other – describe
E.	House or garden tour	J.	Athletic participation

K. Fireworks sales or show
L. Haunted house or trail
M. Inflatable devices

N. Other – describe _____

4. Describe all concerts *(music types)* and event venues: ☐ **Not Applicable**

5. Describe all amusement devises and controls in place: ☐ **Not Applicable**

6. Describe all motorized vehicles or motorized equipment: ☐ **Not Applicable**

7. Parade details,   **Level of activity:**   ☐ Participation Only   ☐ Sponsor Or Co-Sponsor

    a.   Number of: floats _____   horses _____   participants _____

    b.   Do you require certificates of insurance, with $1,000,000 liability limits from all participants?   ☐   ☐

8. Are any of the event activities provided by a third party?   ☐   ☐

    If yes,

    a.   Do you require a certificate of insurance from the third party?   ☐   ☐

    b.   Are any of the activities under contract with the third party?   ☐   ☐

9. Liquor or Alcohol Served or Sold   ☐ **Not Applicable**

    Gross annual alcohol sales_____

K. Special Events *Continued*   **Yes**   **No**

Type of alcohol?   ☐   Beer only   ☐   Beer and wine only   ☐   Beer, wine and/or liquor

Type of license you have for sale of alcohol:

☐   Permit for event only   ☐   Annual liquor license   ☐   Alcohol served by third party

Is any employee or volunteer of your organization responsible for serving alcohol?   ☐   ☐

What alcohol dispensing controls are in place?

☐   Formal server training (TIPS/TAPS)   ☐   Limited # of drink tickets _____   ☐   ID check prior to admission

☐   Wrist bands identifying >21   ☐   ID checked at purchase

L. Data Compromise   ☐ **Not Applicable**   **Yes**   **No**

1.   Does your organization accept electronic payments/donations or electronically store employee and volunteer Personally Identifiable Information?   ☐   ☐

2.   Has your organization suffered a breach of personal information in the last 12 months?   ☐   ☐

If yes, please explain.

3.   Do you post your document retention and destruction policy?   ☐   ☐

If no, please explain.

4.   Do you maintain regularly updated computer security measures? *(e.g. fire wall, secured wireless connectivity, virus protection)*   ☐   ☐

If no, please explain.

5.   Are your employee, customer, and other physical records maintained in a secured environment with limited access?   ☐   ☐

If no, please explain.

Signature _____   **Title** _____   **Date** _____