

Camp Questionnaire

Name of Organization _____

Website address _____ FEIN _____

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

Is insured a non-profit? **Yes** **No**

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?	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your organization provide accident insurance for campers?

Yes **No**

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? **Yes** **No**

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:

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

If yes to any listed above, describe:

A. General Operations & Facilities *Continued*

Yes No

5. Does your organization utilize chemical or physical restraint or confinement techniques?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are firearms or any other weapons permitted on premises <i>(by employees, volunteers, clients, customers, etc.)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , are signs posted at entrances to inform visitors of the no firearms allowed policy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , provide copy of policy/procedures.		
7. Do you have or permit animals <i>(i.e.pets)</i> to be on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe controls/procedures:		
8. Does your property have any unique features?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Decks <input type="checkbox"/> Docks <input type="checkbox"/> Footbridge <input type="checkbox"/> Waterways <input type="checkbox"/> Bridge <input type="checkbox"/> Dam <input type="checkbox"/> Marina <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Other <i>(describe)</i> _____		
9. Do you have any plans for renovations or new construction during the next 2 yrs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe _____		
10. What percentage of your building(s) is vacant, under renovation, unoccupied <i>(including temporarily)</i> , or for sale? _____		
<input type="checkbox"/> Not Applicable		
If applicable , provide address of building(s) _____		
11. Does your organization create your own advertising, brochures, pamphlets, websites, or other materials using photographs taken by you or someone in your organization?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
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 <i>(e.g. pictures)</i> or prior to using the work product of others?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you contract with a third party for creation or legal review of any materials?	<input type="checkbox"/>	<input type="checkbox"/>

B. Management Practices

Not Applicable **Yes** **No**

1. Are employment and volunteer screening and background clearance controls completed prior to hiring an employee or accepting a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>
If no , explain:		
2. Do you allow volunteers under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
a. Do you require a Parent or Guardian sign a volunteer waiver and release for those under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you require staff under the age of 18 to be supervised by an experienced adult employee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a risk manager on staff?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you retain incident reports for any injuries that occur on premises and the action taken?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you retain records permanently?	<input type="checkbox"/>	<input type="checkbox"/>
If crime coverage is requested , complete the applicable ACORD application to include all hiring practices.		

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? Yes No

b. Does the electrical have knob and tube wiring? Yes No

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.*)? Yes No

a. **If yes**, was all equipment manufactured by a commercial manufacturer? Yes No

b. Was all equipment installed by an insured contractor? Yes No

c. Is the outdoor equipment gated including a self-closing mechanism? Yes No

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? Yes No

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? Yes No

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

4. Do you have any air-supported or tension supported buildings? Yes No

If yes, please advise address _____

Age of building _____ Manufacturer _____

5. Are portable heaters used in any buildings? Yes No

6. Do you operate commercial cooking equipment? Yes No

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? Yes No

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? Yes No

D. Property Continued

Yes No

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. 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:								
<input type="checkbox"/> American Camping Association (ACA)	Date _____							
<input type="checkbox"/> Certified Horsemanship Association (CHA)	Date _____							
<input type="checkbox"/> Other _____	Date _____					Yes	No	
6. Are waivers in place for all campers?						<input type="checkbox"/>	<input type="checkbox"/>	
<i>*Please provide a copy</i>								
7. Are drop off/pick-up procedures in place?						<input type="checkbox"/>	<input type="checkbox"/>	
8. Are visitor check-in/check-out procedures in place?						<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you keep a medical history on file for each camper?						<input type="checkbox"/>	<input type="checkbox"/>	
10. Are prescription medication procedures in place (inclusive of proper storage and authorized dispensing instructions)?						<input type="checkbox"/>	<input type="checkbox"/>	
11. Are food allergy procedures in place?						<input type="checkbox"/>	<input type="checkbox"/>	
12. Is food properly stored and served according to government requirements?						<input type="checkbox"/>	<input type="checkbox"/>	
13. Does program policy allow the use of corporal punishment?						<input type="checkbox"/>	<input type="checkbox"/>	
If yes, provide policies and procedures.								
If no, is there a formal, written policy prohibiting the use of corporal punishment?						<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you require at least one CPR and First Aid certified employee to be on duty at all times?						<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have automatic external defibrillators (AED)?						<input type="checkbox"/>	<input type="checkbox"/>	
If yes,								
a. Do you maintain them according to manufacturer recommendations?						<input type="checkbox"/>	<input type="checkbox"/>	
b. Do you provide proper training to staff?						<input type="checkbox"/>	<input type="checkbox"/>	
16. Are written medical emergency and evacuation procedures in place?						<input type="checkbox"/>	<input type="checkbox"/>	
17. Is the property located in an area prone to brush or wildfires?						<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please describe risk management controls in place to reduce burn exposure?						<input type="checkbox"/>	<input type="checkbox"/>	

E. Camps Continued

18. Do you have written procedures to utilize an alternate water source and an automatic pump for fire suppression?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes , is the system and pump tested annually?	<input type="checkbox"/>	<input type="checkbox"/>
b. Please describe the water source _____		
19. Does the local fire department or forest service conduct an annual inspection?	<input type="checkbox"/>	<input type="checkbox"/>
20. When is the last time the local fire department and/or forest service visited the camp? Date _____	<input type="checkbox"/>	Never
21. Is the campground open seasonally (<i>closed during off-season</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
a. Does a caretaker live on the camp premises year-round?	<input type="checkbox"/>	<input type="checkbox"/>
b. Water turned off at the source and drained from internal pipes of buildings not in use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Which utilities remain on during off-season? _____		
d. How often is camp inspected during the off-season? _____		
22. Number of times a year your premises is rented, either for a fee or at no cost? _____	<input type="checkbox"/>	Not Applicable
a. Are all renters required to sign a written rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your rental contract contain "hold harmless" clause in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your contract require you to be named as Additional Insured on the renter's insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does agreement make the renter responsible for security during rental period?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you permit renters to sell, serve or furnish alcohol on premises?	<input type="checkbox"/>	<input type="checkbox"/>
i. If yes , do you require controls for this exposure in your rental contract terms (<i>training for servers, COI from caterer, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If no , does the rental agreement stipulate no alcohol permitted on premises?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a staff member on site and available for questions during rental?	<input type="checkbox"/>	<input type="checkbox"/>

F. 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 (<i>e.g. NP, CNA, LPN, RN, etc.</i>)			
Medical Doctor, Dentist, Psychiatrist			
Other degreed professionals (<i>Describe degree level and position</i>):			

Please describe the responsibilities of any medical staff:

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability or medical malpractice liability insurance?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes , are procedures in place to verify current insurance is maintained at all times?	<input type="checkbox"/>	<input type="checkbox"/>

F. Professional Liability *Continued*

	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , are procedures in place to verify current licenses and/or certifications are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your organization aware of any situations or circumstances in the last five years (<i>including lawsuits</i>) that may result in a professional claim made against your organization or any individual covered by this policy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide details.		

G. Automobile Coverage (*If no scheduled autos, skip to question 6*)

Not Applicable **Yes** **No**

1. Are all autos submitted for coverage titled to the organization?	<input type="checkbox"/>	<input type="checkbox"/>
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 (<i>select all applicable</i>)		
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Leased with a driver (<i>or chartered</i>)		
3. What types of driver training do you provide your drivers?		
Training Methods: <input type="checkbox"/> Document Distribution <input type="checkbox"/> Classroom Training <input type="checkbox"/> Road Testing		
<input type="checkbox"/> Other _____		
Training Types: <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Passenger Van Training		
<input type="checkbox"/> Wheelchair lift training <input type="checkbox"/> Other _____		
4. Do you provide transportation to any campers or employees?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe services:		
a. Are strict routes and timetables enforced?	<input type="checkbox"/>	<input type="checkbox"/>
b. When transporting passengers younger than 18 years of age, are 2 adults present?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you following all applicable state and federal licensing laws?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain driver files on CDL licensed drivers?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do any autos have wheelchair lifts?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you contract with a third-party bus contractor to transport campers?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require a certificate of insurance from the bus contractor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your organization named as an additional insured on the bus contractor's insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor?	<input type="checkbox"/>	<input type="checkbox"/>

G. Automobile Coverage Continued

	Yes	No
6. Do you have a distracted driver policy in place (including employees or volunteers that drive their own vehicles for business use)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how is it enforced _____		
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)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization spend more than \$2,500 on vehicle rentals per year?	<input type="checkbox"/>	<input type="checkbox"/>
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):		
<input type="checkbox"/> Errands	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____
<input type="checkbox"/> Delivery of meals or property	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____
<input type="checkbox"/> Transportation of others	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____
b. Does your organization require proof of personal auto insurance annually?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization require at least 100,000 personal auto policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your organization:		
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)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Run annual MVRs on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>
11. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:		
a. Driver has more than 2 moving violations/accidents within past three years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years (driving while intoxicated, reckless driving, leaving the scene, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a dashboard camera installed in all of your vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please indicate the type(s): <input type="checkbox"/> Forward facing only <input type="checkbox"/> Forward and rear cameras		
13. Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
a. On how many vehicles? _____		
b. Who is your current telematics provider? _____		
c. What type of telematics program are you using?		
<input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation <input type="checkbox"/> Wireless Mobile Devices <input type="checkbox"/> Other _____		

H. Recreational Activities

Not Applicable

1. Please indicate applicable recreational activities offered at any location:		
<input type="checkbox"/> Archery	<input type="checkbox"/> Hockey - Ice, Street, Roller or Field	<input type="checkbox"/> Rollerblading, skating, skateboarding**
<input type="checkbox"/> Baseball or Softball	<input type="checkbox"/> Inflatable Devices (Bouncers, etc.)	<input type="checkbox"/> Snow skiing or Snowboarding**
<input type="checkbox"/> Basketball	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Soccer
<input type="checkbox"/> Biking - Mountain biking, BMX dirt bikes, etc.	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Swimming or Diving**

H. Recreational Activities *Continued*

<input type="checkbox"/> Climbing walls or towers**	<input type="checkbox"/> Motorized Vehicles (<i>ATVs, motorcycles</i>)	<input type="checkbox"/> Trampolines, mini trampolines
<input type="checkbox"/> Cycling	<input type="checkbox"/> Motorized Boating/Towing Activities**	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Equestrian or Horseback riding**	<input type="checkbox"/> Obstacle course(s) or Ropes Course(s)**	<input type="checkbox"/> Wilderness trips
<input type="checkbox"/> Football – flag	<input type="checkbox"/> Paintball	<input type="checkbox"/> Ziplines**
<input type="checkbox"/> Football – tackle	<input type="checkbox"/> Parkour	<input type="checkbox"/> Other _____
<input type="checkbox"/> Giant Swings	<input type="checkbox"/> Riflery or Airsoft**	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gymnastics**	<input type="checkbox"/> Rock climbing, rappelling**	<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of horses owned? _____ Number of horses leased? _____		
Number of participants/riders? _____ Number of contracted wranglers? _____		
Number of employed wranglers? _____		
Describe riding activities and the locations where the riding occurs (<i>arena, trail, etc.</i>):		
b. Is riding restricted to an arena or enclosed area?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is riding offered on trails?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are riders led and trailed by a staff member?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is each rider paired with a partnered guide?	<input type="checkbox"/>	<input type="checkbox"/>
iii. If horses are leased, are they brought on premise several weeks in advance to become familiar with trails?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>
d. Is jumping and racing prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all riders required to wear riding helmets, appropriate clothing and shoes?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are your programs or professionals certified with Certified Horsemanship Association (CHA)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you own or manage trails or paths?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes , how frequently are trails inspected and cleared? _____		
b. Do you maintain inspection and maintenance logs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there posted signage regarding degree of difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all trail grades verified to have less than 15% grade?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have any paths with steep drops or obstacles requiring aerial maneuvers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you offer archery, riflery or airsoft activities?	<input type="checkbox"/>	<input type="checkbox"/>
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 _____		

H. Recreational Activities *Continued*

Yes No

d. Participant to supervising staff ratio _____		
e. Do you provide all weaponry ammunition for participants?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are weapons inspected to ensure proper working order prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all participants required to wear safety equipment (<i>eye protection for archery and both ear and eye protection for firearms</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you provide appropriate safety training before handling the weapons?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you require a certified range safety officer (<i>Archery USA or NRA certification</i>) to be present at all times?	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you own or manage the range?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If yes , is the range outdoor?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Number of lanes? _____		
iv. Are your ranges specifically designed so that the ammunition can't be dispersed beyond the range?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you allow third parties to use the range?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you own or operate any obstacle, challenge, or ropes courses, iplines or giant swings?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of elements _____ Height of elements _____ Number of participants annually _____		
b. Describe the element or course, including location and frequency of use. Include photos.		
c. Was course designed, built, and inspected by an PRCA (<i>Professional Ropes Course Association</i>) or ACCT (<i>Association for Challenge Course Technology</i>) Professional Vendor Member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no , explain:		
d. Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT? <i>*Please provide a copy of your last inspection including your response to any indicated failures.</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the course, line, or swing secured and inaccessible when unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>
f. How frequently does head of staff go for training and recertification? <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other _____		
g. Are all participants required to wear a helmet?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is all safety equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you offer climbing activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of participants annually _____ Number of elements _____		
b. Select Types: <input type="checkbox"/> Indoor Climbing wall or tower: height _____ <input type="checkbox"/> Outdoor wall or tower: height _____ <input type="checkbox"/> Outdoor Rock Climbing <input type="checkbox"/> Mobile climbing unit <input type="checkbox"/> Other _____		
c. Indicate climbing styles available: <input type="checkbox"/> Top-rope <input type="checkbox"/> Lead climbing <input type="checkbox"/> Bouldering or free climb (<i>maximum height</i>) _____		
d. Type of belay system: <input type="checkbox"/> Automatic Belay <input type="checkbox"/> Standard 2-person harness <input type="checkbox"/> Standard 2-person ground <input type="checkbox"/> Self-belay		

H. Recreational Activities *Continued*

	Yes	No
e. Is a certified climbing/belaying instructor required to be present during climbing?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are climbers required to wear a harness and helmet?	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the wall or tower designed and installed by a licensed, insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
h. Does all safety equipment conform to ASTM (<i>American Society for Testing and Materials</i>) standards?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is all equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are belay system anchors “backed-up”?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does landing surface padding comply with manufacturer specifications or ANSI (<i>American National Standards Institute</i>) standard specification for impact attenuation of surface systems?	<input type="checkbox"/>	<input type="checkbox"/>
Describe padded landing surface and distance from the furthest overhanging point:		
l. Is the climbing area secured and inaccessible when unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>
m. Are a first aid kit and a full-time, certified first aid provider present during climbing?	<input type="checkbox"/>	<input type="checkbox"/>
n. Number of climbers or belayers that have been injured in the past year? _____		

I. Swimming, Boating, and Water Recreation

Not Applicable

Yes No

1. Do you own, lease, or operate any swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of pools on your premises _____		
b. Do you test to identify swimmers and non-swimmers?	<input type="checkbox"/>	<input type="checkbox"/>
c. If pool is leased, who employs the staff? _____	<input type="checkbox"/> Not Applicable	
d. Please describe how you train your lifeguards?	<input type="checkbox"/> Not Applicable/No Guards	
e. Are pool rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do the rules include:		
i. No breath holding	<input type="checkbox"/>	<input type="checkbox"/>
ii. Supervision of minors	<input type="checkbox"/>	<input type="checkbox"/>
iii. No diving from pool deck	<input type="checkbox"/>	<input type="checkbox"/>
iv. No lifeguard on duty	<input type="checkbox"/>	<input type="checkbox"/>
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 (<i>e.g. indication on pool deck, painted markers on bottom, etc</i>)?						
Frequency of depth marking (<i>number of times depth is indicated</i>)						
	Yes	No	Yes	No	Yes	No
Is the pool indoor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there suspended ceilings above pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Size, location and description:	POOL 1		POOL 2		POOL 3	
	Yes	No	Yes	No	Yes	No
Pool ceilings inspected by outside contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last inspection						
Enclosed by "child proof" gate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slip resistant surfacing on pool deck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pool have a pump safety shutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always 2 certified lifeguards on duty? If yes, indicate stationed location(s): <i>* Please complete the professional section for Lifeguards.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all pools been equipped with anti-entrapment drain covers or systems?					<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe systems installed and date for each pool or spa:						
3. Do you have any diving boards or diving platforms?					<input type="checkbox"/>	<input type="checkbox"/>
If yes,						
a. Number of boards/platforms: Describe height _____ Water Depth _____						
b. Do you have any high flex boards?					<input type="checkbox"/>	<input type="checkbox"/>
c. Are board entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
d. Are diving boards equipped with slip resistant surfacing?					<input type="checkbox"/>	<input type="checkbox"/>
e. Are all ladders/stairs equipped with non-skid rubber mats and handrails?					<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have water slides?					<input type="checkbox"/>	<input type="checkbox"/>
If yes,						
a. Number of slides _____						
b. Are slide entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how access is restricted? _____						
d. Are all slides less than 10 ft in vertical height?					<input type="checkbox"/>	<input type="checkbox"/>
e. Are all slide ladders/stairs equipped with non-skid rubber mats and hand rails?					<input type="checkbox"/>	<input type="checkbox"/>
f. Is slide exit separate from main swimming or pool area?					<input type="checkbox"/>	<input type="checkbox"/>
g. Is slide exit into water at least 4 ft deep?					<input type="checkbox"/>	<input type="checkbox"/>
h. Is slide exit horizontal to the water and equal to or less than 18 inches from water?					<input type="checkbox"/>	<input type="checkbox"/>
i. Lifeguard dedicated to the slide exit?					<input type="checkbox"/>	<input type="checkbox"/>
5. Does the camp use any "Brown Water" (lakes, rivers) for water recreation?					<input type="checkbox"/>	<input type="checkbox"/>

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

Yes No

If yes,

a. How do you identify swimmers? _____

b. Do you utilize alarming bands? Yes No

c. Are all non-swimmers required to wear Coast Guard approved life jackets? Yes No

6. Do you have water blobs or water trampolines? Yes No

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? Yes No

d. Do you enforce only one jumper at a time? Yes No

e. Are all participants required to wear US Coast Guard approved personal floatation devices (PFDs)? Yes No

f. Do you require two lifeguards for supervision at all times? Yes No

g. Do you restrict access when not in use? Yes No

7. Do you offer boating activities? 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**

b. Are all boaters required to wear Coast Guard approved life jackets? Yes No

c. Do you require safety and emergency instruction be reviewed prior to each trip activity? Yes No

d. Do you prohibit boating or boating activities at night? Yes No

e. Are certifications required for your motorboat operators? Yes No

If yes, who provides the Certification/training? _____

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

If yes,

a. Number of participants annually _____

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

c. Please describe tow speed controls

d. Do you require a specified observer to be present (*separate from the boat operator*)? Yes No

e. Do you prohibit towing during low light (*sunrise, sunset, etc.*)? Yes No

f. Do you utilize a ski flag during towing activities? Yes No

g. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets? Yes No

h. Do you maintain all equipment according to the manufacturer's specifications? Yes No

i. Do you inspect all equipment including the towlines (*handles, lines and connecting hooks*) prior to each use? Yes No

j. Do you restrict towing activity to only one line at a time? Yes No

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

Yes No

9. Do you offer whitewater boating or rafting activities? Yes No

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:

d. Are all boats staffed by an experienced, insured guide? Yes No

e. Do you require at least one member of the trip to be skilled in life saving techniques? Yes No

f. Are all rafters required to wear a helmet and Coast Guard approved life jackets? Yes No

g. Are all rafters trained on safety procedures? Yes No

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 **.**

J. 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? Yes No

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:	\$		\$		\$	
Annual event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities at event <i>(use applicable activity code(s) from list below):</i>						

Activity Codes *(for use above)*

- | | | |
|---------------------------|---------------------------------------|----------------------------|
| A. Golf outing | F. Fashion or Art Show | K. Fireworks sales or show |
| B. Wine tasting | G. Bingo or Poker | L. Haunted house or trail |
| C. Dinner, gala or picnic | H. Aircraft <i>(motorized or not)</i> | M. Inflatable devices |
| D. Auction/ Animals | N. Other – describe _____ | |
| E. House or garden tour | J. Athletic participation | O. _____ |

J. Special Events Continued

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 _____ **Yes** **No**

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 _____

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

K. 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.