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 www.kandkinsurance.com
 CA# 0334819

LEISURE CAMP RENEWAL APPLICATION

Name of Insured: _____

1. Please indicate if there have been **any changes** to the following:

- | | | |
|---|------------------------------|-----------------------------|
| Emergency/safety plans (including fire protection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Operations/site layout | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security/medical procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lease agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp accreditation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Camp personnel (training/ratios/hiring practices, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above questions were answered "yes" as respects changed from last year, please explain: _____

2. Dates of camp: _____

3. Camper days calculation ($A \times B \times C = \text{camper days}$)

A. Average number of campers per day	X	B. Number of days per week	X	C. Number of weeks per year	=	Total number of camper days
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4. Annual rental receipts (*non-camp activities, ie: group/facility rental, retreats, conferences, meetings, church groups, etc.*)
 \$ _____

5. Indicate the **number** you have for each of the items listed:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Class II Boats (<i>Sailboats, Motorboats < 76hp</i>) _____ • Class III Boats (<i>Motor > 76hp; Speedboats; Personal Watercraft</i>) _____ • Saddle Animals _____ • Lakes _____ • Pools _____ • Waterslides (<i>over 15' height</i>) _____ • Zip Lines _____ | <ul style="list-style-type: none"> • Inflatable Elements (<i>ie: moonbounce, water trampoline, iceberg, blob, etc.</i>) _____ • Trampolines (<i>land</i>) _____ • Bungee Trampolines (<i>ie: if quad indicate 4</i>) _____ • Dwellings/Units occupied annually by maintenance/owners/directors/employees _____ | <ul style="list-style-type: none"> • Climbing Walls/Towers (<i>stationary</i>) _____ • Climbing Walls/Towers (<i>moveable</i>) _____ • Rifle/Pistol Ranges _____ • Archery Ranges _____ • Paintball Fields _____ • Fireworks (<i>number of displays/shows per year</i>) _____ |
|---|--|---|

6. NOHA – Cost of Hire: Primary (*where camp must insure the vehicles*) \$ _____
 Excess (*where the lessor insures the vehicles*) \$ _____

7. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature _____

Producer's Signature (if applicable) _____

Applicant's Name (print) _____

Producer's Name (print) _____

Date (MM/DD/YYYY) _____

Date (MM/DD/YYYY) _____