



**"THE COUNSELOR" CAMP INSURANCE  
RENEWAL QUESTIONNAIRE**

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-431-1270 Fax: 804-527-7966

**Section I – General Information**

Expiring Policy # \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Effective Date Desired: \_\_\_\_\_ Expiration Date Desired: \_\_\_\_\_

Dates of Camp: \_\_\_\_\_ to \_\_\_\_\_

**All locations:**

1. Have you entered into any new businesses and/or operations or acquired any new entities?  Yes  No  
If yes, describe in detail: \_\_\_\_\_

2. Have you discontinued any businesses and/or operations?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Have you acquired, leased or sold any locations?  Yes  No If yes, attach a list with address(es), limits, coverages and occupancy(ies).

4. Please check all activities offered:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Archery   | <input type="checkbox"/> Gymnastics*                    | <input type="checkbox"/> Rugby*                   |
| <input type="checkbox"/> Ballooning**                                      | <input type="checkbox"/> Hang Gliding**                 | <input type="checkbox"/> Sailing                  |
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Hockey, Ice**                  | <input type="checkbox"/> Sail Boarding            |
| <input type="checkbox"/> Bicycle Trips                                     | <input type="checkbox"/> Horseback Riding               | <input type="checkbox"/> Scuba Diving*            |
| <input type="checkbox"/> Boating   | <input type="checkbox"/> Hunting**                      | <input type="checkbox"/> Shooting/Rifle Range     |
| <input type="checkbox"/> Boxing**  | <input type="checkbox"/> Ice Skating                    | <input type="checkbox"/> Skateboarding*           |
| <input type="checkbox"/> Bungee Jumping**                                  | <input type="checkbox"/> Jet Skiing                     | <input type="checkbox"/> Skiing, Cross Country    |
| <input type="checkbox"/> Canoeing  | <input type="checkbox"/> Kayaking                       | <input type="checkbox"/> Skiing, Downhill/Alpine* |
| <input type="checkbox"/> Caving*   | <input type="checkbox"/> Martial Arts*                  | <input type="checkbox"/> Skiing, Water            |
| <input type="checkbox"/> Ceramics/Pottery                                  | <input type="checkbox"/> Motorbikes/Minibikes           | <input type="checkbox"/> Sky Diving**             |
| <input type="checkbox"/> Cheerleading*                                     | <input type="checkbox"/> Motorcycles/ATV's*             | <input type="checkbox"/> Solo Trips               |
| <input type="checkbox"/> Diving  | <input type="checkbox"/> Mountain Biking*               | <input type="checkbox"/> Surfing*                 |
| <input type="checkbox"/> Environmental Education                           | <input type="checkbox"/> Mountain Boarding*             | <input type="checkbox"/> Trampoline**             |
| <input type="checkbox"/> Fireworks Displays at Camp*                       | <input type="checkbox"/> Paintball*                     | <input type="checkbox"/> Wall Climbing            |
| <input type="checkbox"/> Fitness Training                                  | <input type="checkbox"/> Parasailing**                  | <input type="checkbox"/> Water Blobs*             |
| <input type="checkbox"/> Flying**  | <input type="checkbox"/> Rappelling/Rock Climbing*      | <input type="checkbox"/> Water Trampoline*        |
| <input type="checkbox"/> Football (tackle)**                               | <input type="checkbox"/> Rocketry, Model rockets        | <input type="checkbox"/> Whitewater Rafting*      |
| <input type="checkbox"/> Football (touch or flag)                          | <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Windsurfing*             |
| <input type="checkbox"/> Go Karts*   | <input type="checkbox"/> Ropes Courses/Climbing Towers* | <input type="checkbox"/> Woodworking*             |
| <input type="checkbox"/> Other, including extreme sports (Describe): _____ |   | <input type="checkbox"/> Wrestling*               |

\* Please attach a copy of the safety plan for these activities. \*\* These activities are excluded.

\*\*\*Is the pool/spa compliant with The Virginia Graeme Baker Pool & Spa Act.

Yes  No

If no, explain action plan and time table for compliance: \_\_\_\_\_

Do you use pools or spas owned by other entities?

Yes  No

If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Act?

Yes  No

5. Have you changed any of the types of activities or services offered at the facility?

Yes  No

If yes, describe: \_\_\_\_\_

6. Do you conduct criminal background checks on all employees and volunteers?

Yes  No

7. Please provide the following updated information by location. Use additional paper if necessary.

	Loc. #1	Loc. #2	Loc. #3
Number of camper days	# campers per day _____ # days per session _____ # sessions per year _____	# campers per day _____ # days per session _____ # sessions per year _____	# campers per day _____ # days per session _____ # sessions per year _____
Receipts from rentals to outside groups	\$ _____	\$ _____	\$ _____
New Additional Insureds	Name _____	Name _____	Name _____
	Address _____ _____	Address _____ _____	Address _____ _____
	Relationship to you: _____	Relationship to you: _____	Relationship to you: _____

8. *Please attach a copy of your most current high ropes course and climbing wall inspection(s).*

9. *Please attach a new Statement of Property Values that reflects all updated values, additions, alterations and deletions.*

ADDITIONAL REMARKS AND OTHER CHANGES (attach separate paper if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_