



Grain Insurance and Guarantee Company

CHURCH CAMP APPLICATION – FOR OWNER / OPERATORS OR SEASONAL AND SHORT TERM RENTAL OPERATIONS PLEASE COMPLETE IN FULL

Name of Broker: _____

Name of Applicant: _____

Mailing Address: _____

Location of Risk: _____

Name of Owner: _____

Year Business Established: _____ Website: _____

Are camp operations seasonal? Yes No Operating Season _____

Are you the owner/operator of the camp? Yes No If "No", are you renting the facilities from the owner/operator and if so for how long? _____

Is the camp operation associated with a specific Church or Churches? _____

If you are renting the facilities, are any staff or personnel provided by the owner/operator of the camp? Explain:

Is there a permanent resident on the Camp Premises? Yes No _____

PROPERTY SECTION (if applicable):

PROPERTY DETAILS	BUILDING #1	BUILDING #2	BUILDING #3	BUILDING #4
Limit Required:	\$ _____	\$ _____	\$ _____	\$ _____
Limit Required on Contents:	\$ _____	\$ _____	\$ _____	\$ _____
Describe Contents to be insured:				
OCCUPANCY:				
Principal uses				
CONSTRUCTION DETAILS:				
Construction of Exterior Walls				
Type of Roof				
# of Stories				
Area (Square Feet)				
Floor Construction				
Type of Heat				
Electrical info				
Age				
Year of updates (Required on buildings over 20 years of age)	Heat: _____ Hydro: _____ Roof: _____ Plumbing: _____	Heat: _____ Hydro: _____ Roof: _____ Plumbing: _____	Heat: _____ Hydro: _____ Roof: _____ Plumbing: _____	Heat: _____ Hydro: _____ Roof: _____ Plumbing: _____
Condition of building:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
PROTECTION:				
Deep Fat Frying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Contract in force on Extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Extinguishing System Last Tested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Extinguishers last serviced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Burglar Alarms	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil
Name of Monitoring Company				
Covers all Accessible Openings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.L.C. Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke/Heat Detectors	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil	<input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> Nil
Name of Monitoring Company				
U.L.C. Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Procedures in place for evacuation and notifying Emergency Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient accessible exits available for egress in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection: <input type="checkbox"/> Within 1,000 ft.(300 m) of fire hydrant <input type="checkbox"/> Within 5 road miles (8 km) of fire hall <input type="checkbox"/> Unprotected				

Schedule of Boats & Motors (Please include Year, Make, Model and Serial Number):

Description of Boats & Motors						
Year	Manufacturer	Model	Serial Number	Length	Horsepower	Value
1.						\$
2.						\$
3.						\$
4.						\$

Additional Coverages - Limits of Insurance Required:

Extra Expense \$ _____ Valuable Papers \$ _____
Office Equipment: \$ _____ Indicate the building this is located in: _____
Loss of Income \$ _____ Other \$ _____
Crime: _____ \$ _____

LIABILITY SECTION

LIABILITY LIMIT REQUIRED \$ _____ **REIMBURSEMENT** \$ _____

- 1) Number of Campers: Average: _____ Peak: _____
- 2) Age range of Campers:
 1. Up to age 13: _____
 2. Age 14 to 18: _____
 3. Age 19 and over: _____
- 3) Are waivers required? Yes No A copy must be attached.
- 3) Minimum age you will accept for a camper: _____
- 4) Is the camp coed? Yes No _____
- 5) Number of Camp Counselors: _____
- 6) Ratio of Campers to Counselors for each age group _____
- 7) Number of all other volunteers / Staff: _____
- 8) What is the minimum age and qualifications you require of your:
 1. Lifeguards: _____
 2. Boat Operators: _____
 3. Sports Instructors: _____
 4. Counselors: _____
- 9) Are background checks done on all staff, Counselors, and volunteers? Yes No
Details: _____
- 10) How much training do volunteers and counselors undergo prior to the camp operation each summer _____

PREMISES:

- 1) Are all paths around the camping area kept clear of debris Yes No
- 2) • Is the camp situated on waterfront property? Yes No If yes, indicate signage _____
• Is there a swimming area on premises? Yes No Describe: _____
• If the camp has a pool, please provide Depth: _____ Age: _____
• Is the pool fenced? Yes No If yes, describe the height and type of fence: _____
• Are signs posted showing hours of operation and regulations of the pool Yes No (please include details) _____
• How is the pool area secured when not in use? _____
• Does the swimming area have a diving board? Yes No Length? _____
• Is the swimming area supervised at all times when in use? Yes No
• Is there lifesaving equipment at the area? Yes No Describe _____
• Is pool chlorinated: Yes No Tested Daily: Yes No
Where are chemicals stored? _____
• How many lifeguards are in attendance when swimming facilities are in use? _____
• Are Campers required to prove their swimming abilities before being allowed to swim in deep water or participate in boating activities? Yes No _____
• Is the buddy system in use at all times? Yes No
• Are swimming lessons given? Yes No
• What is the minimum qualification you accept for staff involved with your aquatic program, i.e., Red Cross/Royal Life Saving, etc? _____
- 3) • Does the camp have a playground area? Yes No
• List of all playground equipment, its age and name of manufacturer: _____
• Details of maintenance program for the playground equipment: _____
• What type of ground cover is used under the playground equipment? _____
- 4) • Where does the drinking water supply come from? _____
• If well water, how frequently is it inspected and by whom? _____
- 5) Do the sewage treatment facilities meet municipal bylaws and regulations? Yes No
- 6) • Describe the Camp's Medical Facilities: _____
• Is there a trained medical person on staff? Yes No If yes, paid or volunteer ?
• Certification or training (nurse, paramedic?) _____
• Currently registered in this province? Yes No
• Do you carry medical malpractice insurance? Yes No
• If the nurse is a volunteer, does he/she have their own malpractice insurance? Yes No
• Distance to closest Medical Facility: _____
• Are there any other qualified medical personnel on staff (describe qualifications): _____
• Do you have staff trained in CPR (Cardio Pulmonary Resuscitation)? _____
• Do you accept responsibility to supervise/administer medication? Yes No
• If yes, please explain: _____
• Are all staff made aware of the dangers of allergic emergencies? Yes No
• Are parents/guardians of campers required to sign permission slips for emergency medical transport or treatment if required and waivers for the administering of medications: Yes No _____
• Do you obtain health card numbers from campers and staff in the event hospital admission or emergency room treatment is required: Yes No
• Who in your organization is responsible for maintaining these records? _____
- 7) • How are pests controlled? (Insecticides, pesticides, etc.) _____
• How are they stored and is there any chance of food contamination? _____
• Are garbage disposal areas secured properly to avoid attracting wildlife? _____

ACTIVITIES:

Archery	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Number of targets _____ b) Are qualified employees only allowed to instruct and supervise campers? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Describe qualifications _____ c) Are ranges barricaded to prevent campers and visitors from accidentally wandering into the range? <input type="checkbox"/> Yes <input type="checkbox"/> No
Boats, Canoes and Kayaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Number of each _____ b) Are life preservers of appropriate size provided by the camp and required to be worn at all times when in the boat, kayak or canoe? c) What level of swimming skill is required prior to participation in any boating activities? _____ d) What type of water facilities are the boating activities on? River, Lake, Man Made Lake? _____ e) Are the boating activities supervised at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Field Sports (soccer, rugby, Frisbee, football, baseball)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Fishing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hiking	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Details _____ b) Any hazardous Areas declared off-limits? _____
Obstacle Course(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Overnight Camping or Canoe Trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Camper to Counselor Ratio _____ b) Are routes pre-planned and strictly adhered to? <input type="checkbox"/> Yes <input type="checkbox"/> No c) What provisions are made for medical Emergencies? (first aid, flares, radio contact with main camp) _____ d) If fires are lit, are fire conditions checked before the outing and built properly to prevent damage to other property? _____ e) Are all tents coated with a fire retardant material <input type="checkbox"/> Yes <input type="checkbox"/> No
Docks, Rafts or Floats	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____ Signage posted: _____
Rappelling	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Are qualified employees only allowed to instruct and supervise this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No b) What are the qualifications of the instructors? _____ c) What type of safety and risk management plans exist for this program? _____ d) What is the height and slope of the hill or structure the campers are rappelling from? _____
Rifle Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Saddle Horses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Sea Doo's and Personal Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Snowmobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Speed Boat / Water skiing (no donuts or tubes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) What restrictions are imposed with regard to: Age? _____ Abilities? _____ Number allowed to participate _____ Boat Speed _____ b) Qualifications of operator and spotter: _____ c) Number of children allowed to participate at any one time _____ d) Describe area where water skiing activity takes place including use by others: _____ e) If donuts or tubes are used, Coverage is not available
Survival Activities or Team Building Challenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Details: _____
Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Number _____ b) Fully Description _____ c) Supervision and experience of supervisors _____ d) How are the trampolines secured against unsupervised use: _____

Inflatable Water Bounces	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Water Trampolines & Attachments including Blobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage not available
Zip Line	<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Are qualified employees only allowed to instruct and supervise this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No b) What are the qualifications of the instructors? _____ c) What type of safety and risk management plans exist for this program? _____ d) Full Description of cable, trolley, pulley system and safety features: _____ _____ _____ d) What is the height and slope of the line and where does it originate from? _____

NOTE: WE DO NOT COVER LIABILITY ARISING OUT OF EQUESTRIAN ACTIVITIES, INFLATABLE WATER DEVICES SUCH AS WATER TRAMPOLINES AND ATTACHMENTS INCLUDING BLOBS, CLIMBING WALLS OR SNOWMOBILE OPERATIONS.

List all other camp activities if not addressed elsewhere in this application: _____

Does the camp own, rent or use any vehicles? Yes No
If so, please list:

Is transportation provided to and from camp? Yes No
If yes, provide details: _____

Are any of the vehicles used to transport campers to and from camp activities? Yes No
If yes, provide details: _____

Are checks done on the qualifications of staff or volunteers who operate vehicles on behalf of the camp?

APPLICATIONS MUST BE ACCOMPANIED BY PHOTOGRAPHS OF EACH BUILDING

COMPLETE PLOT DIAGRAM IN ALL CASES:

Accuracy is important - draw approximately to scale and show dimensions of buildings and distance between all buildings. Please show gas pumps, and location of fuel tanks if applicable as well.

N

W E

S

Previous Insurance and Claims

None, this is a new venture. None, not previously insured.

Previous Insurer: _____ Policy No. _____

Expiring premium, if known: \$ _____

Does the Grain insure any related business? Yes No

If Yes, provide Policy No. or Name of Insured: _____

Has any Insurer cancelled or declined to renew a policy of insurance for this applicant? Yes No

If Yes, explain: _____

No claims in last 5 years.

5 year claims history:

Date of Claim	Full Description of Loss	Amount Paid or Reserved

Any uninsured losses in last 5 years? Yes No

If yes, provide details: _____

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE
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Broker Recommendation

- New business to this office. Currently insured through this office.

If currently insured through this office, why is account being re-marketed? _____

Is applicant known to selling broker? Yes No If Yes, how long? _____ years.

Has marketing broker seen this risk? Yes No

Condition of risk? excellent good average fair poor

Please attach photos of all buildings to be insured

Any visible damage to building? Yes No If Yes, explain: _____

Financial situation of applicant: not known excellent good average fair poor

Marketing broker's overall opinion of risk: excellent good average fair poor

COMPLETED BY:	AGENCY / BROKERAGE	DATE
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