



CENTERPOINT INSURANCE GROUP

CAMPS SUPPLEMENTAL APPLICATION

Applicant/Agency Name: _____

Mailing Address: _____

1. Is written permission/waiver of liability obtained from every child's parent or guardian? Yes No
2. Does the camp provide overnight services? Yes No If yes what is the average length of stay? _____
3. Total number of days in operation annually: _____ Number of children at each camp: _____
4. Number of staff at each camp: _____
5. What are the qualifications of staff working with children? _____

6. Are sleeping quarters co-ed? Yes No Are restrooms/showers co-ed? Yes No
7. If well water, how often is it tested? _____
8. Indicate and describe if any of the following exposures exist in the camp operations:
 Obstacle Course Motor Boats Archery Archery
 Jet Skis Water Skiing Pools Guns
 Rock Climbing Diving Boards Horses Lakes
Other: _____

AGENT'S/BROKER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____