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Application Addendum

Commercial General Liability Insurance Children's Camps

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please answer all questions. If they do not apply, indicate "N/A". If space is insufficient, please use separate sheets.

1. Name of Applicant: _____
2. Mailing Address: _____
 Website Address: _____ Telephone: _____
3. Name and address of facility: _____
4. Please describe the Applicant's experience in this industry: _____

5. How long has the Applicant been in business? _____

Please provide advertising pamphlet/brochure.

6. Type of camp: (a) Day Camp Residential Camp (average length of stay: _____ days)
 (b) Private Institutional Organization
7. (a) How are campers accommodated? _____
 (b) Parental consent form with release/waiver? YES NO
 If yes, please provide a copy.
 (c) Age range of campers: _____ Average number of campers per day: _____
 Number of days per week in operation: _____ Number of weeks per year: _____
 Date camp opens: _____ Date camp closes: _____
8. (a) Annual receipts: _____ Total payroll: _____
 Total number of employees: _____ Total number of volunteers: _____

(b) Are all employees covered under WSIB? YES NO

If no, please list numbers by job description and estimated payroll: _____

9. (a) Are campers always attended by counselors? YES NO

(b) Minimum age of counselors: _____ Minimum ratio of counselors to campers: _____

Percentage of counselors returning from previous years: _____%

(c) What training is given to counselors? _____

(d) What training, certification or experience are counselors required to have? _____

(e) Are police/criminal background checks performed on counselors? YES NO

10. (a) Please list all buildings located at the camp with details of construction (construction and protection; e.g., fire alarms, etc.):

Please provide a site plan showing all facilities.

(b) Who is responsible for maintaining buildings and other facilities? _____

(c) Are any of the facilities open to the public? YES NO

If yes, please provide details: _____

11. (a) Please list all activities or sports which campers can take part in. Please indicate whether on or off the premises.

(b) Are any of the above contracted out to subcontractors? YES NO

If yes, please list: _____

(c) Do you require all subcontractors (including maintenance and facility providers) to provide Certificates of Insurance providing evidence of third party insurance? YES NO

If no, please provide details: _____

12. (a) Are there any swimming facilities? YES NO

If yes, please provide details: _____

	Roped-off Area	Maximum Depth	Minimum Depth
Lake	YES <input type="checkbox"/> NO <input type="checkbox"/>		
River	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Sea	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Pool	YES <input type="checkbox"/> NO <input type="checkbox"/>		

(b) Any diving boards or waterslides? YES NO

If yes, please indicate where and height: _____

(c) Any warning signs/rules posted? YES NO

If yes, please provide details: _____

(d) Any nighttime swimming allowed? YES NO

(e) Are lifeguards always in attendance? YES NO

If no, please provide details: _____

(f) Are lifeguards qualified (e.g., Red Cross or similar)? YES NO

13. (a) List all watercraft (if any):

Type	Usage	No. of Each	Length	HP of Motor, if any	Owned	Leased	Other

(b) Are life jackets mandatory? YES NO

(c) Lifeguards in attendance? YES NO

(d) "Crash"/Safety boats available? YES NO

14. Are premises inspected by Health Authority? YES NO

If yes, date of last inspection: _____

Satisfactory Unsatisfactory

15. (a) Are all campers required to obtain medical certificates from their family doctors? YES NO

(b) Do you keep records of any allergies or special requirements for campers? YES NO

If yes, please provide details: _____

(c) Are EPIPENS available at all times and are staff trained on how to use them? YES NO

(d) Where is the nearest medical facility? _____ Distance: _____

(e) Is there any qualified nurse or other medically-trained person in attendance at the camp? YES NO

If yes, please provide details: _____

(f) Do you have a written emergency plan in the event of illness or injury sustained by a camper? YES NO

If yes, please describe and provide a copy: _____

(g) If food and drinks are supplied, who prepares the food? _____

(h) Who inspects the kitchen and how often? _____

(i) Are any special dietary requirements such as food allergies of campers properly recorded and food preparers made aware of them? YES NO

If yes, please describe the process: _____

16. (a) Does the Applicant presently carry insurance? YES NO

If yes, who is the present insurer? _____

(b) Premium: _____ Limit: _____

(c) Is the present insurance claims made? YES NO

If yes, please provide the retroactive date: _____

(d) Is the present insurer willing to renew? YES NO

If no, please provide details: _____

(e) Does the policy cover all of the Insured's operations? YES NO

If no, please provide details: _____

17. Claims History

Please include the total costs from the ground up for each claim, including defence costs and deductible. Include the loss experience of companies which have been taken over or merged with your company or organization.

Date of Occurrence	Describe Occurrence and Injury or Damage	Amount				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, please provide details: _____

18. Non-owned Automobile

(a) Number of employees using their automobile on company business:

Regularly: _____ Occasionally: _____

(b) Estimated annual cost of hired automobiles: _____

Estimated annual cost of automobiles operated under contract: _____

19. Accident Prevention and First Aid

(a) First Aid Post: (i) Doctors: _____ Full time: _____ Part time: _____

(ii) Nurses: _____ Full time: _____ Part time: _____

(b) Fire alarm – other warning systems: _____

(c) Is there a security officer or are there loss prevention engineers employed? YES NO

(d) Injury/incident report form used? YES NO

If yes, please provide a copy.

20. Please indicate limit(s) of liability required: _____

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Victor for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date (dd/mm/yyyy): _____

Signature of Applicant: _____

Title: _____