

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

SPORTS CAMPS SUPPLEMENTAL APPLICATION
(Include Acord Application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Name of camp: _____
Day camp opens: _____ Day camp closes: _____
Years in business: _____ Under present ownership: _____
Applicant is: Individual Corporation Joint Venture Other (Specify): _____

Is the camp accredited by A.C.A. or any other camp associations? Yes No
Camp is: Coed Boys Girls Adults
Camp is a: Day Camp Resident Camp Travel Camp
Camp is: Private Nonprofit Agency Religious

Estimated number of campers per day: _____ How many days per week? _____ How many weeks per year? _____
Age range of campers: _____ Total number of employees: _____ Total number of Volunteers: _____

Are criminal background checks conducted on all employees and volunteers? Yes No

What is the ratio of counselors to campers: _____

Does the applicant have accident and health coverage on the campers? Yes No
If yes, who is the carrier and what are the limits of liability: _____

Any hold harmless agreements? Yes No If yes, with whom and what is the nature of the agreement? _____

If minors participate, are parents required to sign waivers? Yes No

Does the camp specialize in camping experiences for developmentally disabled individuals? Yes No
If yes, please provide a narrative of such program (if necessary, use a separate sheet of paper): _____

List the locations of the facilities where the camps are being held: _____

List all activities the campers will be involved in: _____

Are there any activities away from camp? Yes No
What is the mode of transportation and what arrangements are made to transport participants? _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____