



INTERCITY®
INSURANCE
SERVICES

CAMP QUESTIONNAIRE

Toll Free: 1-888-394-3330
Fax: 905-841-0030

Name of Applicant: _____

Doing Business As: _____

Maximum number of Camps held each year: _____ Maximum Duration of any one Camp: _____ (days or nights)

Maximum number of Participants per Camp: _____ Are Camps Co-Ed: ☐ Yes ☐ No

Age Ranges: ☐ Under 10 ☐ 11 - 17 ☐ 18 and Over

Accommodation: Do your participants/guests provide their own accommodations: ☐ Yes ☐ No

Do you provide accommodation for your participants/guests: ☐ Yes ☐ No. If YES, please check:

☐ Tents ☐ Cabins ☐ Tent or Camper Trailers ☐ In Your Home

Other - Describe: _____

Food/Beverage: Do you provide meals for your participants/guests: ☐ Yes ☐ No

Do you provide and/or serve Alcohol: ☐ Yes ☐ No

Do you have food safety or beverage service certification: ☐ Yes ☐ No

Camp Activities: Do you offer Trail Rides or Pony Rides as part of your camp: ☐ Yes ☐ No

Are horses provided for participants/guests to use: ☐ Yes ☐ No

Please describe all equine activities offered:

Do you provide Petting Zoo activities: ☐ Yes ☐ No. If YES, provide full details:

Is Entertainment provided: ☐ Yes ☐ No. If YES, describe the in full detail:

Do participants/guests have access to playground areas, trampolines or bouncy castles: ☐ Yes ☐ No. If YES, describe the in full detail:

Is Swimming offered: ☐ Yes ☐ No. If "Yes", describe the swimming area and any supervision:

Do you provide Canoes or Kayaks: ☐ Yes ☐ No

Do you offer Rock Climbing or Hiking Excursions: ☐ Yes ☐ No

Are Field Trips arranged: ☐ Yes ☐ No. If YES, describe in full including the Supervision and method of Transportation used:

Other - Describe: _____

First Aid: A person with valid first aid and CPR training will be available day and night: ☐ Yes ☐ No

Supervision: Number of Counselors / Supervisors: _____ Minimum # of Years Experience: _____

Describe Special Qualifications: _____

Inspections: Regular premises safety inspections will be done and hazards identified will be removed, repaired, replaced or controlled with barriers or warning signs: ☐ Yes ☐ No

Signature of Applicant: _____ Date Signed: _____