

Covers overnight (resident) camps, day camps, sports and specialty camps, and faith-based camps. Campgrounds and RV parks use CWCO-SUP-RVPARK. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL
STATE YOUTH CAMP LICENSE NO.	ACA ACCREDITED (Y / N)	CAMP SESSIONS PER YEAR

2 OPERATIONS

CAMPERS PER SESSION (PEAK)	COUNSELORS / STAFF	ACRES	CAMPER AGES

Activities (check all that apply):

- ☐ Swimming (pool) ☐ Lake or river swimming ☐ Boating / canoeing ☐ Ropes course / zip line ☐ Climbing wall ☐ Horseback riding
☐ Archery / riflery ☐ Off-site trips ☐ Hiking / backpacking

2-1 Is the camp an overnight (resident) camp? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are any cabins, buildings, or activity areas in a floodplain or near a river or creek? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FLOODS, SEVERE WEATHER & EMERGENCY PLANS

On July 4, 2025, 25 campers and 2 counselors at Camp Mystic in Texas died when the Guadalupe River rose more than 25 feet in under an hour. Texas now bars licensing camps with cabins in floodplains and requires emergency plans, weather radios, staff training, and parent notice — and other states are considering similar laws.

3-1 If yes to 2-2, are any camper sleeping cabins located in a floodplain? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Is there a written emergency plan covering floods, storms, fires, missing campers, and medical emergencies? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Is the emergency plan filed with state or local emergency officials where required? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is an NWS weather radio monitored around the clock whenever campers are on site? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Does the camp have an alert system that works without cell or internet service (sirens, radios, PA)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are staff trained on the emergency plan before every season? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are campers oriented on the emergency plan at the start of every session? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Are evacuations to higher ground practiced every session? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-9 Are evacuation routes posted in every cabin? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Are parents told in writing if any part of the camp is in a floodplain? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Has the camp had a flood, severe-weather evacuation, or camper death or serious injury? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — YOUTH PROTECTION, WATERFRONT & HEALTH

4-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is every swimming area staffed by certified lifeguards? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are swim tests and a buddy system used before campers swim? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are high-adventure activities (ropes, zip lines, climbing) run by certified staff with daily equipment checks? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Is a licensed nurse or physician on site or on call during every session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are camper medications stored securely and given by trained staff with a log? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$)

CAMP TUITION RECEIPTS (\$)

RENTAL / RETREAT RECEIPTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS

ABUSE & MOLESTATION LIMIT

ACCIDENT MEDICAL (CAMPER) (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?

☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Is camper-to-counselor ratio at or better than the state or ACA standard for every age group?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are headcounts taken at every transition and at bedtime?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE