



Cambrian Special Risks
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BAND / ART / DRAMA CAMPS APPLICATION

SECTION 1: GENERAL INFORMATION

- 1. Legal Name of Organization:
2. Name of operator(s):
3. Type of Camp: Band Art Drama Other
4. Mailing Address:
5. Phone Number:
6. Fax Number:
7. Years the organization has been operating:
8. Website Address:

SECTION 2: INSURANCE INFORMATION

- 1. Name of current Insurance Carrier and policy number:
2. Liability Limit required: \$1,000,000 \$2,000,000
3. List any losses/claims for the past 5 years:
4. Has any Insurance Company cancelled insurance coverage? YES NO
5. Will you require to name an Additional Insured(s)? YES NO
If yes, please provide name and address:

SECTION 3: UNDERWRITING INFORMATION

- 1. Effective Date of coverage:
2. Number of / locations / complete address of and complete details of all activities:
a) Camp:
b) Auditions:

c) Concerts/Special Events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe in full details of supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are all special events and concerts supervised by the organization? YES NO

5. Are there police background checks done on all staff members, if not please explain why. YES NO  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of Participants:  
Under 13 \_\_\_\_\_ Ages 13-18 \_\_\_\_\_  
Ages 19-35 \_\_\_\_\_ Ages 35 and over \_\_\_\_\_

7. Total number of:  
a) Volunteers \_\_\_\_\_  
b) Directors \_\_\_\_\_  
c) Teachers \_\_\_\_\_

8. Will there be any travel outside of Canada? YES NO

9. Who is certified for first aid training? Who will be administering first aid and/or medication? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Who will be providing food? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Will you be providing travel arrangements for the participants? YES NO

12. Will there be supervised/non supervised swimming? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Will participants be attending day camp or overnight camps? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

14. Additional Information/remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REQUIRED FROM YOU**

- Copy of your letter patent (if incorporated)
- Copy of insurance face sheet from current insurer
- Copy of registration form
- Copy of any waiver/release forms in use

**SECTION 4: DECLARATION**

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding my personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree on their behalf.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks\* until accepted by Cambrian Special Risks\* but that the information contained herein shall be the basis of the contract, should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yr)

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_