



Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 1. Does the ranch have a children/camper program where children attend without parents or legal guardians?  Yes  No  
If yes, length of stay: \_\_\_\_\_
- 2. What is the ratio of staff: \_\_\_\_\_ to children/campers: \_\_\_\_\_
- 3. Are policies regarding sexual harassment reviewed with staff as part of their in-house training?  Yes  No
- 4. Are background checks, (including criminal) completed on any prospective staff or contracted staff who will be working directly with children?  Yes  No
- 5. Are all personal references checked and job histories (if they exist) verified?  Yes  No
- 6. Is the camp's code of conduct reviewed with all campers upon their arrival at the facility?  Yes  No  
Please submit a copy of the camp's code of conduct.
- 7. What discipline strategies are employed in handling campers who misbehave? Give details: \_\_\_\_\_  
\_\_\_\_\_
- 8. Have staff been trained in how to handle conflicts between campers, preferably using discipline strategies that emphasize positive behavior reinforcement?  Yes  No
- 9. Does the camp maintain a "zero tolerance" policy (i.e., predetermined punishments are enforced for specific offenses with no exceptions) regarding harassing behavior and fighting?  Yes  No
- 10. How closely are campers supervised during nonscheduled activity times to prevent the possibility of one camper being molested or harassed by his or her peers? Give details: \_\_\_\_\_  
\_\_\_\_\_
- 11. For overnight programs, does staff periodically check their cabins after "lights out" to make certain all campers are in their beds and accounted for, and that no one has sneaked in or out of the cabin?  Yes  No
- 12. Are there a minimum of 2 counselors with the campers at all times?  Yes  No
- 13. Are children's activities different from ranch activities?  Yes  No  
If yes, please note activities that are different: \_\_\_\_\_

-----  
**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
This supplement becomes part of your application and must be signed and dated.**  
-----

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_