

LIABILITY SURVEY OF HAZARDS - CAMPS

Name of Insured:

Broker:

CHECK LIST	
<input type="checkbox"/> Campers (Maximum at one time) Individuals ___ Groups ___	<input type="checkbox"/> Lake being utilized <input type="checkbox"/> Camp Only <input type="checkbox"/> Other Groups
<input type="checkbox"/> Camp rented to others	<input type="checkbox"/> Volunteers
<input type="checkbox"/> Non-owned Automobile	<input type="checkbox"/> Church Counselling
<input type="checkbox"/> Products & Completed Operation (i.e. outside of feeding campers)	<input type="checkbox"/> Trail Rides <input type="checkbox"/> On premises <input type="checkbox"/> Off premises – If off premises, liability not available
<input type="checkbox"/> Canoes	<input type="checkbox"/> Boats/Motors
<input type="checkbox"/> All Terrain Vehicles	<input type="checkbox"/> Snowmobiling
<input type="checkbox"/> Riflery	<input type="checkbox"/> Archery
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Waterslides
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Zip Line
<input type="checkbox"/> Trampoline	<input type="checkbox"/> Blob
<input type="checkbox"/> Hockey	<input type="checkbox"/> Baseball
<input type="checkbox"/> Football	<input type="checkbox"/> Horses
<input type="checkbox"/> BMX Track	<input type="checkbox"/> Skateboarding
<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Down Hill Skiing
List any other hazards you are aware of:	
Comments:	

NOTE: If any riflery and/or skateboarding, My Mutual Insurance will not be able to provide ANY liability.