

Special Markets Insurance Consultants, Inc.

Camper Audit Form

Policyholder Name: _____ CCR- _____ Policy No: _____

Location Name: _____
 Rate per Camper per Day: \$0.35 Adventure Sports Rate: \$1.00 Snow Sports Rate: \$1.50 Work Activities Rate: \$0.75

- Please note that the **Adventure Sports, Snow Sports** and **Work Activities** rates are in addition to the **Rate per Camper per Calendar Day** base rate. These are additional coverages.

Staff Covered: YES / NO

This report must be completed during the last camp session showing the specific dates for each camp sessions/ sessions during the season. The completed report and premium must then be submitted to:

Special Markets Insurance Consultants
Attn: Renewal Department
2615 Post Road
Stevens Point, WI 54481

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Description of Activity	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
<i>Example: Youth Camp</i>	<i>08/02/04</i>	<i>08/06/04</i>	<i>5</i>	<i>25</i>	<i>\$0.25</i>	<i>\$31.25</i>
Totals						
Adventure Sports: <i>Includes mountain climbing, rappelling, spelunking, whitewater rafting, whitewater canoeing, wind surfing, jet skiing, scuba/skin diving, rodeo participation and paintball.</i>	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Snow Sports: <i>Includes downhill skiing, bobsledding, snowmobiling, snow boarding, tobogganing, and tubing</i>	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Work Activities: <i>Includes remodeling, dry walling, plastering, roofing, plumbing, brick and block laying, electrical work, concrete work, and using scaffolds, ladders, and power or chain saws.</i>	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
GRAND TOTALS						

Payment enclosed: _____ \$ _____

Remarks: _____

I hereby certify that the above report is true and correct.

 Signature of Camp Operator Date

 Street Address City State Zip Code Phone Number