Special Markets Insurance Consultants, Inc.
Camper Audit Form

Policyholder Name:_____ Policy No:_____
Location Name: _____
Rate per Camper per Day: _____ Adventure Sports Rate: _____ Snow Sports Rate: _____ Work Activities Rate: _____

- Please note that the **Adventure Sports, Snow Sports** and **Work Activities** rates are in addition to the **Rate per Person per 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
Example: Youth Camp	*08/02/04*	*08/06/04*	*5*	*25*	*$0.25*	*$31.25*
Totals						
Adventure Sports	**Begin Date**	**End Date**	**(1) No. of Days**	**(2) No. of Persons**	**(3) Rate per Person per Day**	**(4) Premium Due**
Totals						
Snow Sports	**Begin Date**	**End Date**	**(1) No. of Days**	**(2) No. of Persons**	**(3) Rate per Person per Day**	**(4) Premium Due**
Totals						
Work Activities	**Begin Date**	**End Date**	**(1) No. of Days**	**(2) No. of Persons**	**(3) Rate per Person per Day**	**(4) Premium Due**
Totals						
	GRAND TOTALS					

The amount of deposit premium submitted with the original application was (Excluding $25.00 Policy Fee) $ _____

Adjustment of deposit premium: Additional 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