

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Web Address: _____ E-Mail Address: _____
7. Is this a new business? Yes No If no, how many years have you been in business? _____
8. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
9. Length of season: _____
10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____

13. Amount of Liability Required:

<input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate	<input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate
14. Self-Insured Retention desired: \$1,000 \$2,500 \$5,000 Other: \$_____

Business Activities

15. Describe all activities for which coverage is being requested.
a. _____
b. _____
16. Premises/Locations:
a. Size of Location: _____
b. Total Number of Campsites: _____ Full Hookup: _____ Tent: _____
Pull Thru: _____
c. Is there any water located on the premises? Yes No
If yes, what kind? Pond(s) Lake(s) Creek(s) River(s)

17. Does your Campground include:

	YES	NO		YES	NO
Playground	<input type="checkbox"/>	<input type="checkbox"/>	Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Hall	<input type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	Showers	<input type="checkbox"/>	<input type="checkbox"/>
Dump Station	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Mini Golf	<input type="checkbox"/>	<input type="checkbox"/>	Propane	<input type="checkbox"/>	<input type="checkbox"/>
Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Petting Zoo	<input type="checkbox"/>	<input type="checkbox"/>	Baby Sitting Service	<input type="checkbox"/>	<input type="checkbox"/>
Sport Course	<input type="checkbox"/>	<input type="checkbox"/>	Type:	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

18. Which, if any, of the above items are charged for separately? _____

19. How often is equipment checked and inspected? _____

20. Who is responsible for equipment maintenance? _____

21. Do your customers use or rent any of your equipment? Yes No

a. Type of equipment rented: _____

b. Manufacturer: _____

c. Safety features: _____

d. Number of rentals per year: _____

e. Do you keep any maintenance records? Yes No

If yes, please describe: _____

f. Age requirements for use: _____

g. Do you use a release waiver form for those rentals? Yes No

22. Do you have an accident/emergency plan? Yes No
If yes, please enclose a copy.

23. Are any activities supervised? Yes No
If no, please describe: _____

24. Do you use registration waivers? Yes No
If yes, please attach a copy.

25. Are medical facilities or first aid stations/personnel provided? Yes No

26. What is the distance to the nearest medical facility? _____

27. Are you inspected by any outside entity? Yes No
If yes, who?: _____

28. Do you utilize Independent Contractors as employees? Yes No

29. What is the minimum age of employees? 16-18 18-21 21+

30. How many employees do you utilize? _____

31. Are there any Independent contractors or concessions operating on your business premises? Yes No
If yes, please list: _____

32. Have you obtained certificates of insurance from all independent contractors or concessions? Yes No
 If yes, please enclose copies.

33. Camp Usage

Description of Campsite	Annual number of sites used	Charge per site
Full Hookup		
Pull Thru		
Tents		
Other:		

34. Average Number of Campers per site: _____

35. Gross Receipts:

	Last Year	Estimate for this Year
Camping		
Retail Store		
Other:		

36. Please list all individuals or entities requiring certificates of Insurance or Additional Insureds. Include complete names and address, as they should appear on the form. Explain all others.

	Land Owner	Government Agency	Concessions Contracts	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>