

Campgrounds/Parks Liability Supplemental
(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

5. Business Name (dba): _____
6. Contact Person: _____ Phone: _____ Fax: _____
7. Applicant is: Owner & Operator Lessor & Operator

Operations & Exposures:

8. Is the operation: Seasonal Year Round
If seasonal, what are the dates of operation: From: _____ To: _____
9. Is the recreational area accessible to the public when closed? Yes No
10. Are boundaries posted with operating dates and posted against trespass? Yes No
11. Please provide a diagram of the campground, park or picnic area. Describe all buildings on premises and state occupancy and function. *(please attach a separate sheet if area below is not enough space)*

12. Is there a water exposure on or adjacent to the premises? Yes No
If yes, please describe *(if a beach or swimming area is present, please complete and attach a supplemental application for swimming areas)*: _____

13. Are there any animals on the premises *(i.e., horses or mules, petting zoo, etc.)*? Yes No
If yes, please describe: _____

14. Are there any sports fields on the premises? Yes No
If yes, please describe *(i.e., type of facility, number, who uses them, how often used, receipts, does the insured sponsor events, etc.)*:

Operations & Exposures:

15. Describe all playground equipment (i.e., type of equipment, number of pieces, used by whom and how often, condition, etc.):

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16. Are there any user age limitations posted with respect to lines 12, 13 and 14 above? Yes No

If yes, please describe: _____

17. Please describe any rental exposure (i.e., what things are rented) and provide related receipts: _____

18. Does the applicant operate a concession stand or retail facility? Yes No

If yes, please describe products exposure (i.e., what things are sold) and provide related receipts: _____

19. Does applicant sell fuel? Yes No

If yes please describe and provide related receipts: _____

20. Does applicant offer any of the following: Hay or Wagon Rides Horseback Riding / Pony Rides

- Trampolines Go-Carts Jet Skis / Boats Snowmobiles Ice Skating
 Motorcycle Trails Snow Skiing Iceskating Trailer Service or RV Repair

If yes, please describe (if not already provided): _____

21. Please describe overnight facilities:

| Facility | Number | Camper Days | Rental Receipts |
|----------------------------|--------|-------------|-----------------|
| ⇒ Primitive Campsites: | _____ | _____ | \$ _____ |
| ⇒ Developed Campsites: | _____ | _____ | \$ _____ |
| ⇒ Trailer Spaces: | _____ | _____ | \$ _____ |
| ⇒ Cabins and Tent Cabins: | _____ | _____ | \$ _____ |
| ⇒ Mobile Homes & Trailers: | _____ | _____ | \$ _____ |
| ⇒ Motel Units: | _____ | _____ | \$ _____ |
| ⇒ Hotel Units: | _____ | _____ | \$ _____ |

22. Are smoke detectors provided in all cabins, trailers, and/or mobile homes? Yes No

23. Are any cabins, homes or trailers furnished with wood stoves? Yes No

24. Please describe what state or municipal licensing and/or permit requirements apply to this facility: _____

25. Is applicant fully licensed in accordance with the above? Yes No

26. Has the applicant ever had such licenses or permits revoked or suspended? Yes No

If yes, please explain in full: _____

Operations & Exposures:

27. Please describe security personnel employed or utilized: _____

28. Will applicant sponsor, sub-lease, lease or permit any group activities, rallies, concerts, etc.? Yes No

If yes, please describe: _____

Please furnish copies of any brochures provided by applicant

Application courtesy of <http://www.insurance-applications.com>

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**