

RV Park and Campground Application

This is an application for insurance. This is not a binder of insurance.

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that your LP fill station meets code, if applicable.

GENERAL INFORMATION

Named Insured:

FEIN:

Principal Contact:

Mailing Address:

Location Address (Important):

Telephone:

Fax:

Effective Date:

Website:

Business Type: Corporation Partnership Individual LLC Other:

Limit of Liability requested: \$300,000 Occurrence \$500,000 Occurrence \$1,000,000 Occurrence

1. Do you operate any other business from this location? *List information below for each business and use a separate sheet to list information, if necessary.* Yes No

If yes, type of entity: Corporation Partnership Individual LLC Other:

Description of business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

ADDITIONAL INSURED *If necessary use another form.*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

Agency:

Contact:

Address:

Telephone:

Fax:

Email:

Outdoor Insurance Group

1371 Hecla Drive Ste E | Louisville CO 80027 | Fax: 303 951 5060 | Email: info@oigcorp.com



PROPERTY SECTION **N/A**

Premises Information

- | | | |
|---|--------------------------|----------------------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? | Yes | No |
| 2. What is the Fire Protection Class of your location? | | |
| 3. Distance Fire fire Station? | | Miles |
| 4. Is the responding fire department Staffed or Volunteer? | | |
| 5. Distance to Fire Hydrant? | | Feet |
| 6. Are there other fire control water sources available? Pool Pond/Lake Water Tank Other | | |
| 7. Is your location prone to grass fires and/or forest fires? | Yes | No |
| 8. Are there buildings at your facility with limited access due to forest, terrain or season? | Yes | No |
| 9. Are your buildings located in heavily wooded areas? | Yes | No |
| 10. Is the cleaning from forest/wooded areas greater than 150 feet? | Yes | No |
| 11. Is your business operational year round?
If no, provide the number of months you are operational? | Yes | No
Months |
| 12. Are your buildings occupied year round?
If no, is there a caretaker on site
or contracted?
If no, are building winterized? | Yes
Yes
Yes
Yes | No
No
No
No |

Building Information

- | | | |
|--|------------|----------|
| 1. Are there smoke alarms in all corridors and bedrooms? | Yes | No |
| 2. What type of smoke alarms are installed? Battery Hardwired | | |
| 3. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 4. Do any building have wood burning fireplaces and/or woodstoves?
If yes, list building numbers:
If yes, are the chimneys and flues cleaned annually? | Yes
Yes | No
No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or aluminum wiring?
If yes, list building numbers: | Yes | No |
| 6. Do you have power generating equipment?
If yes, is it 100% for emergency use only? | Yes
Yes | No
No |
| 7. List the size of each unit (in HP and KW): | | |

DOCK INFORMATION

1. Number of docks?
2. Number of boat slips:

Complete the questions below only if property coverage is requested for docks.

- | | | |
|---|-----|----|
| 3. Construction: Frame Metal Floating Fixed Roofed Age:
If roofed, has proper engineering for wind/snow loads been assessed? | Yes | No |
| 4. Does the water around your dock freeze?
If yes, what date on average: | Yes | No |
| 5. Are the docks removed? | Yes | No |

ACCOUNT INFORMATION

Management Information

- | | | |
|--|-----|-------|
| 1. How long have you owned this park? | | Years |
| 2. Do you or your manager live on premises? | Yes | No |
| 3. Do you have a dog(s)?
If yes, what breed(s)?
If yes, is your pet ever allowed into guest areas or around guests? | Yes | No |
| 4. Does the park have security patrol?
If yes, is the security patrol armed? | Yes | No |
| 5. Is the park fenced or gated? | Yes | No |
| 6. Is there a formal maintenance program for the grounds and landscaping? | Yes | No |
| 7. Is the electrical installation and maintenance done by a licensed electrician? | Yes | No |
| 8. Does the park/resort service or repair engines (RV, Marine, Auto)? | Yes | No |
| 9. Do you sell beer/wine/liquor? | Yes | No |
| 10. Is there a bar/lounge on the premises?
If yes, is it open to the general/non-camping public? | Yes | No |
| 11. Is your park a member of any state or regional association or franchise?
If yes, please list: | Yes | No |
| 12. Do you have, or have you ever had fuel storage on-site?
If yes:
a. Specify the type of fuel:
b. What is the containment method (cans, tanks, drums etc.):
c. What is the maximum volume at any one time | Yes | No |
| 13. Do you have or have you ever had a dumping Station?
If yes:
a. What are the acceptable classes of waste?
b. How is the waste is contained?
c. What are your disposal practices? | Yes | No |
| 14. Do you have or have you ever had On-Site Pump Out Available?
If yes:
a. Please specify the containment method of waste:
b. How do you dispose of the waste? | Yes | No |
| 15. Have you, in the past 5 years, had a release of waste or pollutants of any sort that resulted in clean-up that was mandated or over-seen by federal, state or local authorities, or claims for Bodily Injury or Property Damage? If yes, please provide details. | | |

PARK INFORMATION

- | | | |
|---|---|---|
| # of Units | Type of Guest Unit
RV Pads
Tent Sites
Single Cabins
Duplex Cabins
Park Model/Modulars
Lodge Units
Other: | Type of Clientele, check and give percent of each:
Residential – Annual
Seasonal – Monthly
Vacation – Weekly/Daily |
| 1. Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver? | | |
| | Yes | No |

ACTIVITY SECTION

Actual Total Receipts for Prior 12 Months:

Estimated Total Receipts for Next 12 Months:

ACTIVITIES CONDUCTED	# OF UNITS	REVENUES
General Store		\$
Restaurant		\$
What % of sales from non-camping guests?		%
Snack Bar		\$
Liquor		\$
LP Gas		\$
Gasoline		\$
Laundry		\$
Gun/Archery Range		\$
Horseback Riding		\$
Hay, Sleigh or Wagon Rides		\$
Bicycle Rentals		\$
Tennis/ Basketball Court		\$
Athletic Fields		\$
Playground		\$
Canoes		\$
Float Tubes		\$
Go-karts		\$
Miniature Golf		\$
RV or Travel Trailer Storage		\$
RV or Travel Trailer Sales & Service		\$
Special Events: weddings, reunions, etc.		\$
Petting Zoo		\$
Is petting zoo area fenced off from guests?	Yes No	
Trails for guest owned ATV touring		\$
Are trails on your premise?	Yes No	
Trampolines or Jump Houses		\$
Jumping Pillow		\$
Water Skiing		\$
Waverunners and Jet Skis		\$
Hobby Shops or Classes, explain:		\$

1. What recreational and sporting activities, other than those listed above, are conducted or take place at your park/resort?
2. Is your premise open to the general public for day use other than camping? Yes No
If yes, for what type of activities?
3. What are the revenues from these activities?
4. Does your park have a Jumping Pillow (or Kangaroo Jumper or similar amusement device)? Yes No
If yes, please answer the below questions:
 - a. Are all participants required to sign a waiver? Please provide copy for review. Yes No
 - b. Is there a roll off area of pea gravel or sand maintained around the entire periphery of the jumper at least 4" above the pillows edge? Yes No
 - c. Are all participants' pockets empty and removal of all cell phones enforced before jumping? Yes No
 - d. Does the jumping pillow have anti-slip surface? Yes No
 - e. Is your jumping pillow monitored by a staff member (within 50 feet) at all times it is open? Yes No
 - f. Is your jumping pillow fenced with a locked gate when it is not in use? Yes No
 - g. Do you have a variable speed air pump for your jumping pillow? Yes No
If yes, do you utilize it to control the height at which guests can jump? Yes No
 - h. Is your jumping pillow deflated when not in use? Yes No
 - i. Do you have written procedures in place to advise your staff on how to control the size and number of jumpers on the pillow? Yes No
If yes please send those procedures with the submission.

SPECIAL EVENT OPERATIONS **N/A**

- | | Yes | No | | |
|--|-----|----|------------------|----|
| 1. Do you offer these services? | | | Number of events | |
| a. Firework Displays | | | Yes | No |
| If yes, is display performed by you or firework display company? | | | | |
| If no, do you get certificates from the firework display company? | | | Yes | No |
| b. Fairs | | | Yes | No |
| c. Flea markets | | | Yes | No |
| d. Auto Shows | | | Yes | No |
| e. Concerts | | | Yes | No |
| If yes, do you get certificates from the band, stage crew, etc.? | | | Yes | No |
| f. Festivals | | | Yes | No |
| g. Other: | | | Yes | No |
| 2. Do you provide the catering at these functions? | | | Yes | No |
| 3. Do you provide liquor at these functions? | | | Yes | No |
| If no, do you collect certificate from the caterers that work on your premise? | | | Yes | No |
| 4. Are there any other sub-contractors or concessionaires on your premise? | | | Yes | No |
| If yes, for what purpose? | | | | |
| If yes, do you get certificates? | | | Yes | No |

POOL AND SWIMMING AREAS **N/A**

- | | | | | | |
|-----|---|--------|---------|--|--|
| 1. | How many of each: Pools Lakes Other: | | | | |
| | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?
If no, provide time table and action plan: | Yes | No | | |
| 2. | Are your swimming facilities open to the general public? | Yes | No | | |
| 3. | Fenced? | Yes | No | | |
| 4. | Diving Board? | Yes | No | | |
| 5. | Locking Gate? | Yes | No | | |
| 6. | Is the depth of pool marked? | Yes | No | | |
| 7. | Are life rings or buoys provided? | Yes | No | | |
| 8. | Life Guard on Duty? | Yes | No | | |
| 9. | Pool Rules posted? | Yes | No | | |
| 10. | Is there signage "No life guard, swim at your own risk, no diving"? | Yes | No | | |
| 11. | Do you have a water tramp? | Yes | No | | |
| 12. | Do you have a waterslide? | Yes | No | | |
| | If yes, what is the length & height of slide? | Length | /Height | | |

WATERCRAFT LIABILITY INFORMATION: **N/A**

Boat Schedule (If necessary please utilize another sheet and attach to application)

Year	Make / Model	Length	Horse Power (HP)	OB/IB/IO	# of Passenger	Guided
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

WATERCRAFT GENERAL INFORMATION **N/A**

- | | | | | | |
|----|---|--------------|---------------|-----------------------|---------------------|
| 1. | What type of operation do you have?
Other: | Boat Rentals | Fishing Trips | Tube or Canoe Rentals | Hunting |
| 2. | On what bodies of water does use take place?
If rivers, what classes are boated: | Rivers | Lakes | Ocean | Bays / Inlets |
| | | Class I | Class II | Class III | Class IV Class V |
| 3. | Are life vests (PFD's) required? | | | | Yes No |
| 4. | Are life vests (PFD's) provided? | | | | Yes No |

CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION **N/A**

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. What percent of your operations are unguided?
2. Number of guides?

LP GAS DISTRIBUTION – FILL STATION **N/A**

- | | | |
|--|-----|----|
| 1. Do you have documentation that LP Fill Station meets all state and Local LP codes for training, equipment etc.? | Yes | No |
| 2. Are employees certified and trained to fill LP gas tanks? | Yes | No |
| 3. Is fill station fenced or secured? | Yes | No |
| 4. How many fixed LP gas tanks do you have on premise? | Yes | No |

LOSS HISTORY

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

- | | | |
|---|-----|----|
| 1. Do you have knowledge of any incident which may lead to a claim? | Yes | No |
| If yes, please describe: | | |

WILDFIRE MITIGATION SECTION

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires?

2. Are trees and branches pruned back to a minimum of 15 feet from all buildings? Yes No
3. Are roofs, decks and gutters cleared of pine needles, leaves and other debris? Yes No
4. Are campfires kept a minimum of 15 feet from all buildings, shrubs, trees, or other flammable objects? Yes No
5. Are branches that hang over roofs and chimneys removed? Yes No
6. Do you have a wildfire response plan? If so, please attach. Yes No
7. Do you keep an inventory of hazardous/ flammable substances within your facilities? Yes No
8. Are the access roads to your facility paved and maintained accessible all year? Yes No
9. Are the majority of your interior roadways? (Check one) Paved Gravel Dirt
10. Are there any steep grades that could hinder fire department service vehicles? Yes No
11. What percentage of your structures are treated with a fire protective material? %
12. What is the percentage of roofing materials on your buildings?

% Asphalt	% Metal	%Tile/Slate	% Other (Describe)
-----------	---------	-------------	--------------------
13. What percent of all your buildings have protective screens on all exterior openings such as sub-floor ventilation/ crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers? %
14. Describe any type of natural breaks or man-made fire breaks surrounding the property:

15. Describe any additional water sources on the insured premise:

16. Any other type of fire prevention material on site (ie. Fire gel, Fire retardant, foam, fire pumps)?

Fraud Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ., CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ., DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY COMPANY* IN QUOTING AND ISSUING THE POLICY. IF ANY OF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY MODIFY OR WITHDRAW THE QUOTE OR BINDER.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

Name: _____ Title: _____
Must be signed by the president, chairman, CEO or executive officer.

Insured Signature: _____ Date: _____

Produced By: *Section to be completed by producer/broker.*

Producer: _____ Agency: _____

Producer License Number: _____ Agency Taxpayer ID or SS Number: _____

Street Address, City, State, Zip: _____

