



RV PARK & CAMPGROUND APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- 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.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.).
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that your LP fill station meets code, if applicable

GENERAL INFORMATION

Named Insured: _____
 Principal Contact: _____
 Mailing Street Address: _____
 Mailing City: _____ State: _____ Zip: _____
 Location Street Address: _____
 Location City: _____ County: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Website: www. _____

Business Form: Corporation Partnership Individual LLC Other: _____

Effective Date: _____

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

1. Do you operate any other business from this location? Yes No

(List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity:

Corporation Partnership Individual LLC Other: _____

Description of other business:

PRIOR CARRIER INFORMATION

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

ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY: _____

CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.



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 to 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 clearing from forest/wooded areas greater than 150 feet? Yes No
11. Is your business operational year round? Yes No
12. If no, provide the number of months you are operational: _____ Months
13. Are your buildings occupied year round? Yes No
14. If no, is there a caretaker on site? Yes No or contracted? Yes No
15. If no, are buildings winterized? Yes 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? Yes No
If yes, list building numbers: _____
4. Do any buildings have wood burning fireplaces and/or woodstoves? Yes No
If yes, list building numbers: _____
5. If yes, are the chimneys and flues cleaned annually? Yes No
Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No
If yes, list building numbers: _____
6. Do you have power generating equipment? Yes No
If yes, is it 100% for emergency use only? Yes No List the size of each (HP & KW): _____

DOCK INFORMATION

1. Number of docks: _____
2. Number of boat slips: _____
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? Yes No
If yes, what date on average: _____
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)? Yes No
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? Yes No
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

PARK INFORMATION

# of Units	Type of Guest Unit	Type of Clientele, check and give percent of each:	
_____	RV Pads	<input type="checkbox"/> Residential (annual)	_____ %
_____	Tent Sites	<input type="checkbox"/> Seasonal (monthly)	_____ %
_____	Single Cabins	<input type="checkbox"/> Vacation (weekly/daily)	_____ %
_____	Duplex Cabins		
_____	Park Model/Modulars		
_____	Lodge Units		
_____	Other:		

1. Do you require guests and/or visitors to sign an acknowledgement 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	Number 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Activities Conducted	Number of Units	Revenues
Trails for guest owned ATV touring Are trails on your premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trampolines or Jump Houses		\$
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? \$ _____

SPECIAL EVENT OPERATIONS N/A

1. Do you offer these services? Yes No 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 the liquor at these functions? Yes No
If no, do you get certificates 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. Is a trained employee available for emergencies? Yes No
12. Do you have a waterslide? Yes No
If yes, what is the length & height of slide? Length _____ /Height _____

WATERCRAFT LIABILITY SECTION N/A

Boat Schedule if necessary use another sheet of paper

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

WATERCRAFT GENERAL INFORMATION

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

- Number of guides: _____
- What percent of your operations are unguided? _____ %

LP GAS DISTRIBUTION - FILL STATION N/A

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

LOSS HISTORY

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

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

FRAUD NOTICE STATEMENTS

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: "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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA RESIDENTS APPLICANTS: "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 OF THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE RESIDENTS APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Insured Signature

Date

Title

Name of Authorized Producer or Broker

Date

Signature

Title



Allen Financial Insurance Group

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