RESORT/CAMPGROUND QUESTIONNAIRE
(to be attached to ACORD Application)

Named Insured_________________________________________ Policy Number_____________________

Named insured's Social Security Number (if Corporation: Name, Title and Social Security number of officers and principal stockholders)______________________________________________________________________________

1. Total Annual Gross Sales $_______________________

   Resort sales $___________
   Groceries/supplies/gifts $___________
   Restaurant/concessions $___________
   Liquor/tavern $___________
   Dock rentals $___________ slips/tie ups #__________
   Boat rentals $___________ boats #__________
   Campground sites: tents #___________ trailer/RV #__________
   Gasoline ___________ (gallons)
   LP Gas ___________ (gallons)

2. Total value of all buildings $______________ Replacement Cost (attach separate sheet if necessary)

   $______________ Actual Cash Value

If 2 or more buildings and total insured value exceeds $500,000, include sketch showing all buildings, value of each, distance between building and directions.

3. Do you have any outstanding bankruptcy or tax liens? (ie: property, sales, wage withholding) □ Yes □ No

   If yes, explain______________________________________________________________________________

4. Does the owner or a caretaker live on the property year round? □ Yes □ No

   (Must have owner or manager on premises year round)

5. Are the cabins heated by woodburning stoves? □ Yes □ No

   If yes, complete woodburning stove questionnaire.

6. Is there a swimming pool? □ Yes □ No

   If yes, is pool area fenced in? □ Yes □ No

   What is the pool’s depth? min.:_________ max.:_________

   Is there a swimming beach? □ Yes □ No

   If yes, is it roped off? □ Yes □ No

   Is there a swimming raft? □ Yes □ No

   If yes, raft is constructed of what material? ___________________________________________________

   Is there a diving board, water slide or any other water recreation equipment? □ Yes □ No

   If yes to any such items, attach a photograph of each.
7. Is LP Gas sold on the premises?
   □ Yes □ No
   If yes, who fills the containers? __________________________
   If yes, how is the bulk tank protected from damage by vehicles or equipment? __________________________

8. Is there watercraft owned, rented or provided for use without charge?
   □ Yes □ No
   If yes, attach list (#, type, length). Each motorized watercraft to be individually scheduled
   (show length and H.P.). Maximum eligible HP is 25.
   Are life jackets provided? □ Yes □ No

9. Is there dwelling or apartment rental?
   □ Yes □ No
   If yes, how many units? ____________

10. Are there any archery or firearm ranges?
    □ Yes □ No

11. Is there playground equipment?
    □ Yes □ No

12. Do you have:
    □ go carts
    □ horseback riding
    □ roller skating
    □ motorcycle trails
    □ trampolines
    □ trailer or RV repair or service
    □ all terrain vehicles
    □ snowmobiles
    □ pony rides
    □ snow skiing
    □ hayride/wagon/carriage rides
    □ jet skis/jet boats

13. Please attach a brochure from the business.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING
STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN
INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS
UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE
COMPANY.

______________________________  ______________________
Signature of Applicant          Date