

## CAMPGROUND APPLICATION/ TRAILER PARK

**PLEASE ANSWER ALL QUESTIONS  
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** \_\_\_\_\_  
 (And all Subsidiaries) \_\_\_\_\_

2. **Mailing address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Website Address:** \_\_\_\_\_

**Campground Location:** \_\_\_\_\_

**Other Locations:** \_\_\_\_\_

3. How long has applicant been in business under the above name?: \_\_\_\_\_

4. Describe prior experience in this business under another name: \_\_\_\_\_  
 \_\_\_\_\_

5. Is applicant a member in good standing of any recognized organization?       YES       NO

Please describe: \_\_\_\_\_

6. Total payroll : \$ \_\_\_\_\_      No. of Employees : \_\_\_\_\_

Are all employees covered under WSIB?       YES       NO

If no, please list numbers by job description and estimated payroll:

7. Please list total receipts from all operations: \_\_\_\_\_

Please list total payments to independent contractor or subcontractors included in above operations.

\_\_\_\_\_

8. How many camper spaces are there? \_\_\_\_\_

How many trailer sites? \_\_\_\_\_

Hydro hook ups provided?       YES       NO

Sanitary hook ups or pump out facilities?       YES       NO

If yes, please describe: \_\_\_\_\_

9. Is drinking water supplied?  YES  NO  
 If yes, please describe: \_\_\_\_\_  
 Where does supply come from? \_\_\_\_\_  
 Is it treated by you?  YES  NO  
 If yes, please describe: \_\_\_\_\_  
 Who tests the water and how often is it tested? \_\_\_\_\_  
 Is there any emergency plan if water is found to be contaminated in any way? \_\_\_\_\_

10. Describe work performed for Insured by independent contractors or sub-contractors, if any:  
 \_\_\_\_\_  
 Is evidence of liability insurance required from all independent or sub-contractors?  YES  NO  
 If no, please explain. \_\_\_\_\_  
 If yes, please advise what limits they are required to provide: \_\_\_\_\_

11. Please indicate whether or not the following facilities are provided and indicate the percentage of receipts where applicable: \_\_\_\_\_

| Type of Exposure                       | YES NO                   |                          |                                | YES NO                   |                          |
|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Amusement Rides.....                   | <input type="checkbox"/> | <input type="checkbox"/> | Liquor Receipts.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Batting Cages.....                     | <input type="checkbox"/> | <input type="checkbox"/> | LP Sales .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Bike Rentals .....                     | <input type="checkbox"/> | <input type="checkbox"/> | Miniature Golf .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Boat/Canoe Rentals.....                | <input type="checkbox"/> | <input type="checkbox"/> | Mountain Rock Climbing.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| Camper Sites/Campground Receipts ..... | <input type="checkbox"/> | <input type="checkbox"/> | Picnic Grounds .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Children's Playground .....            | <input type="checkbox"/> | <input type="checkbox"/> | Pool.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Concession/Restaurant Receipts.....    | <input type="checkbox"/> | <input type="checkbox"/> | Sauna/Hot Tub.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Day Care .....                         | <input type="checkbox"/> | <input type="checkbox"/> | Scuba Diving.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving Range .....                    | <input type="checkbox"/> | <input type="checkbox"/> | Skiing (Snow/Water) .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| Gasoline Sales .....                   | <input type="checkbox"/> | <input type="checkbox"/> | Store .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Go Karts .....                         | <input type="checkbox"/> | <input type="checkbox"/> | Swimming Lake or Beach.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Course .....                      | <input type="checkbox"/> | <input type="checkbox"/> | Tours.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay Rides.....                         | <input type="checkbox"/> | <input type="checkbox"/> | Water Rides/Slides .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| Horses (Saddle Animals) .....          | <input type="checkbox"/> | <input type="checkbox"/> | Others: (Please specify) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hotels/Motels/Cabins .....             | <input type="checkbox"/> | <input type="checkbox"/> | _____                          |                          |                          |
|  |                          |                          | _____                          |                          |                          |
|  |                          |                          | _____                          |                          |                          |

Is there a training program for all employees?  YES  NO  
 If yes, please describe: \_\_\_\_\_  
 Is there an emergency procedure program in place?  YES  NO  
 If yes, please describe: \_\_\_\_\_

Are all accidents and/or injuries required to be reported and documented?  YES  NO

Do all premises fully comply with fire and safety regulations including use of smoke detectors and location of fire extinguishing equipment?  YES  NO

Number, type and length of boats rented: \_\_\_\_\_

Type and size (H.P.) of motors \_\_\_\_\_

Life jackets and all safety equipment provided and mandatory?  YES  NO

If no, please explain: \_\_\_\_\_

Any watercraft fuelling or repair facilities? Please describe: \_\_\_\_\_

Any pools or swimming areas provided? Please describe: \_\_\_\_\_

Safeguards, lifeguards, fencing, signs? Please provide details: \_\_\_\_\_

Any diving boards, rafts or other items in areas? \_\_\_\_\_

Maximum depth of water: \_\_\_\_\_

If there are playgrounds, please provide list of equipment and type of surface they are set up on.

**Photographs should also be supplied.**

Is the playground supervised?  YES  NO

If yes, please describe: \_\_\_\_\_

If alcoholic beverages are served, are the servers trained?  YES  NO

Please provide details, if yes. \_\_\_\_\_

Is LPG sold?  YES  NO Capacity of tank/s \_\_\_\_\_

Fenced?  YES  NO Height \_\_\_\_\_

Who fills tanks? \_\_\_\_\_

What training has been given? \_\_\_\_\_

Are tanks weighed and checked after filling?  YES  NO

If Go Karts are used, please provide separate details for numbers, maximum speed, safety equipment, track supervision and safety provisions, rules posted, etc. \_\_\_\_\_

If there are any water slides or other types of water amusements, please provide photographs, details of height, supervision and operations on a separate sheet.

**12. Contractual Liability.**

Please give nature and provide copies of any agreements whereby liability is assumed.

\_\_\_\_\_

**13. Non-Owned Automobile**

Number of employees using their automobile on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

(Please provide details): \_\_\_\_\_

14. Does applicant presently carry insurance?  YES  NO

If yes, who is present insurer? \_\_\_\_\_ Premium: \_\_\_\_\_ Limit \_\_\_\_\_

Is present insurance Claims Made?  YES  NO If Yes, state retro date \_\_\_\_\_

Are they willing to renew?  YES  NO

If no, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?  YES  NO

If no, please describe: \_\_\_\_\_

**15. Claims History:**

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence And Injury or Damage | A M O U N T |      |          |            | Status |
|--------------------|--|-------------|------|----------|------------|--------|
|                    |  | Reserve     | Paid | Expenses | Deductible |        |
|                    |  |             |      |          |            |        |
|                    |  |             |      |          |            |        |
|                    |  |             |      |          |            |        |
|                    |  |             |      |          |            |        |

Are you aware of any other incidents which may result in claims against you?  YES  NO

If yes, give details: \_\_\_\_\_

**14. Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  YES  NO

15. Please indicate limit(s) of liability required: \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

|                     |       |
|---------------------|-------|
| <b>BROKER NAME:</b> |       |
| <b>ADDRESS:</b>     | _____ |
|                     | _____ |
| <b>PHONE NO.:</b>   | _____ |
| <b>FAX NO.:</b>     | _____ |

Email Form

Print Form