

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 |
|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| 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: _____

| | |
|---------------------|----------------|
| BROKER NAME: | _____ |
| ADDRESS: | _____ _____ |
| PHONE NO.: | _____ |
| FAX NO.: | _____ |

Email Form

Print Form