

## **RESORT/CAMPGROUND QUESTIONNAIRE**

Please answer all questions fully. Submit this Insurance Applicant Information Section and programme of the control of the con		ACORD Commercia				
Named Insured:						
If the business maintains a web site, state the address:						
GENERA	L INFORMATION					
Does your resort/campground:						
<ul><li>a. Rent mobile homes over 15 years in age?</li><li>b. Rent mobile homes over 20 years in age?</li><li>c. Park models older than 15 years in age?</li></ul>		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No				
<ul><li>d. Allow owned or rented snowmobiles, jet skis jump pillows or trampolines?</li><li>e. Have a diving board, waterslide or raft on process.</li></ul>	roperty?	Yes No				
<ul> <li>f. Allow owned or rental saddle animals on prog.</li> <li>g. Operate a petting zoo? Are sanitization stations provided?</li> <li>h. Have absentee owners? (proprietors or mar</li> </ul>		Yes       No         Yes       No         Yes       No         Yes       No				
Total Annual Gross Sales:	lagers must be on site year round)	\$				
<ul><li>a. Resort sales</li><li>b. Groceries/supplies/gifts</li><li>c. Restaurant/concessions</li><li>d. Liquor/tavern</li></ul>	\$ \$ \$ \$					
e. Dock rentals f. Boat rentals g. Bicycle rentals	\$ slips/tie ups \$ boats \$	# #				
<ul><li>h. Campground sites</li><li>i. Gasoline</li><li>j. LP Gas</li></ul>	# trailer/RV (gallons) (gallons)	#				
3. Describe all boat rentals, if any, including the ag	e and length of boats, and the horsepow	er of the motors:				
Total value of all buildings:     necessary)	Replacement Cost (atta	ach separate sheet if				
If 2 or more buildings and total insured value exortext of each, distance between building and direction		all buildings, value				
<ol> <li>Do you have any outstanding bankruptcy or tax (ie: property, sales, wage withholding)</li> </ol>		☐ Yes ☐ No				
If yes, explain:		_ □ Yes □ No				
If yes, complete the <u>Woodburning Stove and Fu</u>						



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Swimming Pools							
This section to be completed for those risks with any swimming pool or water exposure with swimming:							
	Total number of Po	-		al number of hot tubs/spas:	•		
8.	Is swimming done i	n an ocean, lake, river, p	ond, or g	ravel pit?	☐ Yes ☐ No		
	If "Yes", are lifeguards			•	🗌 Yes 🔲 No		
		Your Own Risk" signs poste	d?		☐ Yes ☐ No		
9.	Hours of operation:			Anytime 🗌 💢 OR	ampm		
10.	Are depth markings	clearly indicated on the	edges of	the pool?	☐ Yes ☐ No		
11.	Are "No Diving" ma	arkings clearly indicated?			☐ Yes ☐ No		
12.	Are "No Running" s	signs posted?			☐ Yes ☐ No		
13.		•		on-slip or skid resistant material?	☐ Yes ☐ No		
	If yes, please descr	ibe type of surface prese	nt or nor	n-slip product used:			
		ards? (If so, you are not	_		Yes No		
	15. Are there Water Slides? (If "Yes", Water Feature Section Must Be Completed)				☐ Yes ☐ No		
16.			(If not, y	ou are not eligible for coverage.)	☐ Yes ☐ No		
	If yes, what height i				ft in.		
	Describe type of fer	e either a self-locking ga ncina:	te or no	gate ?	☐ Yes ☐ No		
17.	17. Are there self-closing and latching gates to the pool area?			Yes No			
40	If yes, how many:	10					
18.	18. Are lifeguards employed?  If yes, are they Red Cross certified?			☐ Yes ☐ No ☐ Yes ☐ No			
10	•	y other certifications:					
13.		y other certifications.			<u></u>		
20.	Please indicate who	at life saving equipment is	s availab	le and where located:			
21	Are pool chemicals	locked in a secure area?	)		 □ Yes □ No		
		ncy procedures attached		uestionnaire? (Attach.)	☐ Yes ☐ No		
			•	, ,			
Pool #1				Pool #2 Location:			
Descrip		Type:			Type:		
Size :	Square Ft.:	_ Min. Depth:	ft	Size : Square Ft.:	Min. Depth:	ft	
		Max. Depth:	ft.		Max. Depth:	ft.	
Pool #3	B Location:			Pool #4 Location:			
Dooorin		Time			Type:		
Descrip	otion:	Type:		Description:	Type.		
	otion: Square Ft.:	Min. Depth:	ft	Size : Square Ft.:	Min. Depth:	ft	
			ft ft.	•	• •	ft ft.	
Size :	Square Ft.:	_ Min. Depth:	ft.	Size : Square Ft.:	Min. Depth:		
Size :	Square Ft.:	Min. Depth: Max. Depth: g area other than a swimi	ft.	Size : Square Ft.:	Min. Depth: Max. Depth:		
Size :	Square Ft.:  Is there a swimming	Min. Depth: Max. Depth: g area other than a swimi	ft.	Size : Square Ft.:	Min. Depth: Max. Depth:  Yes No		
Size :	Square Ft.:  Is there a swimming If yes, is it roped off	Min. Depth: Max. Depth: g area other than a swimi ? apartment rental?	ft.	Size : Square Ft.:	Min. Depth: Max. Depth:  Yes No Yes No		
23. 24.	Is there a swimming If yes, is it roped off Is there dwelling or If yes, how many un	Min. Depth: Max. Depth: g area other than a swimi ? apartment rental?	ft.	Size : Square Ft.:	Min. Depth: Max. Depth:  Yes No Yes No		
23. 24. 25.	Is there a swimming If yes, is it roped off Is there dwelling or If yes, how many un	Min. Depth:	ft.	Size : Square Ft.:	Min. Depth: Max. Depth:  Yes No Yes No Yes No		



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## IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

'roducer Name and Address