

## Supplemental Application Recreational Vehicle Parks

Name of Contact Person		Telephone – Work
Name of Park/RV Park (Complete Legal Name)		Fax
Location of RV Park		e-mail
Mailing Address		County
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other; explain		
Comments		
Signature and Title of person completing this application  <hr style="width: 80%; margin-left: 0;"/>		Date
Title:		

- |                                      |  |
|--------------------------------------|--|
| <b>INCLUDE WITH THIS APPLICATION</b> | <ol style="list-style-type: none"> <li>1. Completed, signed ACORD applications</li> <li>2. A copy of your brochure or other information on your Park.</li> <li>3. A copy of your Park Rules and Regulations</li> <li>4. At least four photographs of your Park including the front gate, swimming pool with fence (preferably including the gate) typical street and park models or RV space.</li> </ol> |
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## GENERAL INFORMATION

1. How long have you been a Park owner? \_\_\_\_\_

2. If someone, other than you, will be managing the Park, what prior experience have they had in the RV Park industry?  
\_\_\_\_\_

1. Are you a member of your State Park Owners Association?  Yes  No

4. Are you a member of the National Association of RV Parks and Parks (ARVC)?  Yes  No

5. Are you a member of any other association in relation to your business operation?  Yes  No  
Explain \_\_\_\_\_

6. Which company are you presently insured with? \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. If you have had any losses within the past three years, please explain.

Year	Description	Paid Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## GENERAL LIABILITY COVERAGE

What is your primary operating season?  Annual  
 Seasonal From To

<input type="checkbox"/> R.V Sites	Number of Sites	Receipts: \$
<input type="checkbox"/> Park Models	# Models	Receipts: \$
<input type="checkbox"/> Mobile Home Sites	# Sites	Receipts \$
<input type="checkbox"/> Cabins	# Units:	Receipts \$
Motel Rooms	# Rooms	Receipts \$
<input type="checkbox"/> Dwellings – Rented To Others Describe:	# Units: \$	Receipts \$
<input type="checkbox"/> Commercial Buildings – Leased To Others	Square Ft. Square Ft parking	Rental Receipts \$
<input type="checkbox"/> Vacant Land	# Acres	Location
<input type="checkbox"/> Store (Describe)	Receipts: \$	Receipts \$
<input type="checkbox"/> Snack Bar	Receipts: \$	Receipts \$
<input type="checkbox"/> Restaurant	Receipts: \$	Receipts \$
<input type="checkbox"/> Fuel Pumps	Number of Pumps	Receipts \$
<input type="checkbox"/> LP Gas sales	Receipts: \$	Supplied by Vendor? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Golf-Mini		Receipts \$
<input type="checkbox"/> 9 hole		Receipts \$
<input type="checkbox"/> 18 hole		Receipts \$
<input type="checkbox"/> # Golf Carts -	Loaned, no rental fee	Receipts \$
<input type="checkbox"/> Bicycle Rentals		Receipts: \$
<input type="checkbox"/> Fireworks Display		Number of Displays

**Watercraft Rental**

- Boats     Canoes     Jet Skis     Kayaks     Paddle Boats     Rafts     Sailboards  
 Sailboats     Tubes     Other; \_\_\_\_\_

**Watercraft Rental**

WITHOUT MOTORS                      Number \_\_\_\_\_

**Watercraft Rental**

WITH MOTORS                                      Number \_\_\_\_\_

If watercraft is used on a river, what is the river's classification?

Easy ←—————→ Difficult

- I    II    III    IV    V    V+

20 H.P. or less                      Number \_\_\_\_\_

21 H.P. – 35 H.P.                      Number \_\_\_\_\_

36 H.P. – 50 H.P.                      Number \_\_\_\_\_

over 50 H.P. \*                      Number \_\_\_\_\_

\* Explain Usage \_\_\_\_\_

Boat slips                      Number \_\_\_\_\_

Docks                      Number \_\_\_\_\_

Water-skiing operation, including the rental of equipment.  
Receipts \$ \_\_\_\_\_

Jet Skis                      Number \_\_\_\_\_

Other rented recreational equipment or activities (describe)

Receipts by item

**Swimming - What is your swimming season?**     Annual

Seasonal:    From                      To

Type of water frontage    How many are used for swimming?

- Lakes                      Number \_\_\_\_\_  
 Ponds                      Number \_\_\_\_\_  
 Rivers                      Number \_\_\_\_\_  
 Oceans                      Number \_\_\_\_\_  
 Streams                      Number \_\_\_\_\_  
 Other;                      Number \_\_\_\_\_

Explain \_\_\_\_\_

Swimming pools and related accessories

- Swimming Pools                      Number \_\_\_\_\_  
 Wading Pools                      Number \_\_\_\_\_  
 Spas                      Number \_\_\_\_\_  
 Hot Tubs                      Number \_\_\_\_\_  
 Whirlpools                      Number \_\_\_\_\_  
 Sauna                      Number \_\_\_\_\_  
 Other;                      Number \_\_\_\_\_

Explain \_\_\_\_\_

Equipment In Swimming Areas(s)

Floats/Platforms                      Number \_\_\_\_\_

Diving Boards                      Number \_\_\_\_\_

Slides                      Number \_\_\_\_\_

Cable Ride                      Number \_\_\_\_\_

Rope Swing                      Number \_\_\_\_\_

Waterslides?                      Receipts \$ \_\_\_\_\_

Water Park                      Receipts \$ \_\_\_\_\_

## PLAYGROUND INFORMATION

1. Do ground surfaces under and around the playground equipment contain a minimum of 12 inches of wood chips, mulch, sand, pea gravel, or mats made of safety-tested rubber or rubber-like materials?  Yes  No
2. Does protective surfacing extend at least 6 feet in all directions from play equipment? NOTE: For swings, the surface must extend, in back and front, twice the height of the suspending bar.  Yes  No
3. Are play structures more than 30 inches high spaced at least 9 feet apart?  Yes  No
4. Are all spaces/openings in guardrails or between ladder rungs, less than 3.5 inches apart or more than 9 inches apart?  Yes  No
5. Are all elevated surfaces, like platforms and ramps, supplied with guardrails to prevent falls?  Yes  No
6. Is the playground equipment inspected monthly to check for dangerous hardware that should be replaced or repaired? (i.e.: open 'S' hooks, protruding bolt ends, sharp points, sharp edges, pinch points, etc).  Yes  No
7. Are angles within equipment at least 55 degrees?  Yes  No
8. Has the playground area been cleared of all tripping hazards? (i.e.: concrete footings, tree stumps, rocks, changes in surface elevation, etc).  Yes  No
9. Is the playground area and equipment scheduled for weekly inspection and maintenance? (i.e.: missing, broken or worn-out components fixed or replaced?)  Yes  No

## OTHER SERVICES OR ACTIVITIES LIABILITY COVERAGE

Complete the exposures that are applicable to your business.

PUBLIC USE OF YOUR FACILITY, other than usual visitors of registered guests.

Explain the event(s)

\$

Receipts

OTHER SERVICES OR ACTIVITIES

If you provide any other service or activity not previously mentioned, please furnish complete details and receipts.

Description:

\$

Receipts

## LIQUOR LIABILITY COVERAGE

<p>Type of Operation:</p> <p><input type="checkbox"/> Park Store _____ \$</p> <p><input type="checkbox"/> Restaurant/Snack Bar _____ \$</p> <p><input type="checkbox"/> Bar or Lounge _____ \$</p> <p><input type="checkbox"/> Other; explain _____ \$</p>	<p>Take out liquor sales                      Receipts \$ _____</p> <p>On premises serving                         Receipts \$ _____</p> <p>Percentage of customers that are park guests?                      _____ %</p> <p>Percentage of customers that are the general public?                      _____ %</p>
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## NON OWNED AND HIRED AUTO COVERAGE

Complete this section if you want coverage on vehicles that you don't own.

<p>Do your employees use their own vehicles in the course of their work for you? If so, how many total employees do you have at the insured location(s)?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No # _____</p>
<p>Do you hire vehicles to use in the operation of your park? If so, how much do you spend annually for hired vehicles? What type of vehicles do you hire?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No \$ _____ _____</p>

**GARAGE**

Complete this section if you want liability coverage for RV units you service or store

**Garage Operations** – Complete this section if you store, service, repair or sell RV's.

Do you store RV's for your guests?  Yes  No

If yes, How many storage spaces do you provide? \_\_\_\_\_ Annual Receipts for storage? \$ \_\_\_\_\_

Do you service RV's for your guests?

If yes, How many units are serviced annually? \_\_\_\_\_ Receipts? \_\_\_\_\_

Describe services performed:

Number of employees who service, repair or sell RV units. \_\_\_\_\_ Payroll \_\_\_\_\_

Describe any vendor services offered in your park, such as Vehicle wash and detailing, LPG service, etc.

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