



Supplemental Application Recreational Vehicle Parks

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| | | |
|---|-------|-------------------|
| 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 X _____ Title: _____ | | Date (mm/dd/yyyy) |

| | |
|---|---|
| <p>Include With This Application</p> | <ol style="list-style-type: none"> 1. Completed, signed ACORD applications 2. A copy of your brochure or other information on your Park 3. A copy of your Park Rules and Regulations 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. |
|---|---|

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? _____

3. 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 (mm/yyyy) _____
7. If you have had any losses within the past three years, please explain.

| Year | Description | Paid Amount |
|-------|-------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
8. Are you aware or have you been put on notice of any possible litigation? Yes No
9. Are you aware of any events in the previous three years that could result in a claim? Yes No
If yes, please provide details _____

General Liability Coverage

What is your primary operating season? Annual Seasonal From _____ To _____

| | | |
|--|-----------------------|--|
| <input type="checkbox"/> RV Sites | Number of Sites | Receipts: \$ |
| <input type="checkbox"/> Park Models | Number of Models | Receipts: \$ |
| <input type="checkbox"/> Mobile Home Sites | Number of Sites | Receipts: \$ |
| <input type="checkbox"/> Cabins | Number of Units | Receipts: \$ |
| <input type="checkbox"/> Motel Rooms | Number of Rooms | Receipts: \$ |
| <input type="checkbox"/> Dwellings— Rented To Others (Describe) | | # Units: |
| | | Receipts: \$ |
| <input type="checkbox"/> Commercial Buildings— Leased To Others | Square Ft. | Rental Receipts: \$ |
| | Square Ft. Parking | |
| <input type="checkbox"/> Vacant Land | Number of Acres | Location |
| <input type="checkbox"/> Store (Describe) | | Receipts: \$ |
| <input type="checkbox"/> Snack Bar | | Receipts: \$ |
| <input type="checkbox"/> Restaurant | | Receipts: \$ |
| <input type="checkbox"/> Fuel Pumps | Number of Pumps | Receipts: \$ |
| <input type="checkbox"/> LP Gas Sales | Receipts: \$ | Supplied by Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <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

- | | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|--------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Boats | <input type="checkbox"/> Canoes | <input type="checkbox"/> Jet Skis | <input type="checkbox"/> Kayaks | <input type="checkbox"/> Paddle Boats | <input type="checkbox"/> Rafts |
| <input type="checkbox"/> Sailboards | <input type="checkbox"/> Sailboats | <input type="checkbox"/> Tubes | <input type="checkbox"/> Other _____ | | |

WITHOUT MOTORS Number _____

WITH MOTORS Number _____

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

Easy ←————→ Difficult

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I | II | III | IV | V | V+ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | |
|--|--------------|
| <input type="checkbox"/> 20 H.P. or less | Number _____ |
| <input type="checkbox"/> 21 H.P. – 35 H.P. | Number _____ |
| <input type="checkbox"/> 36 H.P. – 50 H.P. | Number _____ |
| <input type="checkbox"/> Over 50 H.P. * | Number _____ |

* Explain Usage _____

- | | |
|--|--------------------|
| <input type="checkbox"/> Boat slips | Number _____ |
| <input type="checkbox"/> Docks | Number _____ |
| <input type="checkbox"/> 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? |
| <input type="checkbox"/> Lakes | Number _____ |
| <input type="checkbox"/> Ponds | Number _____ |
| <input type="checkbox"/> Rivers | Number _____ |
| <input type="checkbox"/> Oceans | Number _____ |
| <input type="checkbox"/> Streams | Number _____ |
| <input type="checkbox"/> Other | Number _____ |

- Swimming Pools and Related Accessories
- | | |
|---|--------------|
| <input type="checkbox"/> Swimming Pools | Number _____ |
| <input type="checkbox"/> Wading Pools | Number _____ |
| <input type="checkbox"/> Spas | Number _____ |
| <input type="checkbox"/> Hot Tubs | Number _____ |
| <input type="checkbox"/> Whirlpools | Number _____ |
| <input type="checkbox"/> Sauna | Number _____ |
| <input type="checkbox"/> Other | Number _____ |

Explain _____

Explain _____

- Equipment in Swimming Area(s)
- | | |
|---|--------------|
| <input type="checkbox"/> Floats/Platforms | Number _____ |
| <input type="checkbox"/> Diving Boards | Number _____ |
| <input type="checkbox"/> Slides | Number _____ |

- | | |
|---------------------------------------|--------------------|
| <input type="checkbox"/> Cable Ride | Number _____ |
| <input type="checkbox"/> Rope Swing | Number _____ |
| <input type="checkbox"/> Water Slides | Receipts: \$ _____ |
| <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are play structures more than 30 inches high spaced at least 9 feet apart? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all spaces/openings in guardrails or between ladder rungs, less than 3.5 inches apart or more than 9 inches apart? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are all elevated surfaces, like platforms and ramps, supplied with guardrails to prevent falls? | <input type="checkbox"/> Yes <input type="checkbox"/> 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are angles within equipment at least 55 degrees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has the playground area been cleared of all tripping hazards? (i.e.: concrete footings, tree stumps, rocks, changes in surface elevation, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> 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) | <input type="checkbox"/> Yes <input type="checkbox"/> 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 receipt. 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 general public _____ %</p> |
|---|---|

Non-Owned and Hired Auto Coverage

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

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

What type of vehicles do you hire?

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many storage spaces do you provide? | # |
| Annual receipts for storage? | \$ |
| Do you service RV's for your guests? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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.