



## 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><b>Include With This Application</b></p>	<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? \_\_\_\_\_
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,<br>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>
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## 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.