DUAL COMMERCIAL

Campgrounds/Parks Liability Supplemental

1. Agency:

2. Phone: Fax: Web site:

3. Producer:

E-Mail Address:

4. Business Name (dba:):

5. Contact Person: Phone: Fax:

6. Applicant is: Owner & Operator Lessor & Operator

Operations & Exposures:

7. Is the operation: Seasonal Year Round

If seasonal, what are the dates of operation: From: To:

8. Is the recreational area accessible to the public when closed? Yes No

 9. Are boundaries posted with operating dates and posted against trespass? Yes No

 10. Is there a water exposure on or adjacent to the premises? Yes No

If yes, please describe (if a beach or swimming area is present, please complete and attach a supplemental application for swimming areas):

11. Are there any animals on the premises (i.e., horses or mules, petting zoo, etc.)? Yes No

If yes, please describe:

12. Are there any sports fields on the premises? Yes No

If yes, please describe (i.e., type of facility, number, who uses them, how often used, receipts, does the insured sponsor events, etc.):

Operations & Exposures:

13. Describe all playground equipment (i.e., type of equipment, number of pieces, used by whom and how often, condition, etc.):

14. Are there any user age limitations posted with respect to lines 12, 13 and 14 above? Yes No

If yes, please describe:

15. Please describe any rental exposure (i.e., what things are rented) and provide related receipts:

16. Does the applicant operate a concession stand or retail facility? Yes No

If yes, please describe products exposure (i.e., what things are sold) and provide related receipts:

17. Does applicant sell fuel? Yes No

If yes please describe and provide related receipts:

18. Does applicant offer any of the following: Hay or Wagon Rides Horseback Riding / Pony Rides

Trampolines Go-Carts Jet Skis / Boats Snowmobiles Ice Skating

Motorcycle Trails Snow Skiing Ice-skating Trailer Service or RV Repair

If yes, please describe (if not already provided):

19. Please describe overnight facilities:

 Number

Days

Primitive Campsites: $ Developed Campsites: $ Trailer Spaces: $ Cabins and Tent Cabins: $ Mobile Homes & Trailers: $ Motel Units: $ Hotel Units: $

20. Are smoke detectors provided in all cabins, trailers, and/or mobile homes? Yes No

21. Are any cabins, homes or trailers furnished with wood stoves? Yes No

22. Please describe what state or municipal licensing and/or permit requirements apply to this facility:

23. Is applicant fully licensed in accordance with the above? Yes No

24. Has the applicant ever had such licenses or permits revoked or suspended? Yes No

If yes, please explain in full:

25. Please describe security personnel employed or utilized:

26. Will applicant sponsor, sub-lease, lease or permit any group activities, rallies, concerts, etc.? Yes No

If yes, please describe:

Please furnish copies of any brochures provided by applicant

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or

occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature Date

Print Name Title

APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED PRIOR TO COVERAGE BEING BOUND