

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## RV PARK & CAMPGROUND APPLICATION

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.).
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that your LP fill station meets code, if applicable

### GENERAL INFORMATION

Named Insured:  
 Principal Contact:  
 Mailing Street Address:  
 Mailing City: State:                      Zip:  
 Location Street Address:  
 Location City: County:                      State:                      Zip:  
 Phone Number: Fax Number:  
 Website: www.  
 Business Form:      Corporation      Partnership      Individual      LLC      Other:  
 Effective Date:  
 Limit of Liability Requested: \$ 300,000 Occurrence  
\$ 500,000 Occurrence  
\$ 1,000,000 Occurrence  
 1. Do you operate any other business from this location? Yes      No  
*(List information below for each business, use a separate sheet to list information if necessary)*  
 If yes, type of entity:  
Corporation      Partnership      Individual      LLC      Other:  
 Description of other business:

PRIOR CARRIER INFORMATION			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

ADDITIONAL INSURED, <i>if necessary use another sheet of paper</i>		
Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

AGENCY:  
 CONTACT:  
 ADDRESS:  
 TELEPHONE: FAX:  
 E-MAIL:



PROPERTY SECTION	N/A
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**Premises Information**

- |  |     |        |
|--|-----|--------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?   | Yes | No     |
| 2. What is the Fire Protection Class of your location?   |     |        |
| 3. Distance to fire station?   |     | Miles  |
| 4. Is the responding fire department           staffed or           volunteer?   |     |        |
| 5. Distance to fire hydrant?   |     | Feet   |
| 6. Are there other fire control water sources available?<br>Pool           Pond/Lake           Water Tank           Other: |     |        |
| 7. Is your location prone to grass fires and/or forest fires?  | Yes | No     |
| 8. Are there buildings at your facility with limited access due to forest terrain or season?                               | Yes | No     |
| 9. Are your buildings located in heavily wooded areas?   | Yes | No     |
| 10. Is the clearing from forest/wooded areas greater than 150 feet?  | Yes | No     |
| 11. Is your business operational year round?   | Yes | No     |
| 12. If no, provide the number of months you are operational:   |     | Months |
| 13. Are your buildings occupied year round?  | Yes | No     |
| 14. If no, is there a caretaker on site?       Yes       No                           or contracted?                       | Yes | No     |
| 15. If no, are buildings winterized?   | Yes | No     |

**Building Information**

- |  |     |    |
|--|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms?   | Yes | No |
| 2. What type of smoke alarms are installed?                           Battery                           Hardwired                      |     |    |
| 3. Is there a CO alarm installed?  | Yes | No |
| 4. Do any buildings have cooking facilities?<br><b>If yes, list building numbers:</b>  | Yes | No |
| 5. Do any buildings have wood burning fireplaces and/or woodstoves?<br><b>If yes, list building numbers:</b>                           | Yes | No |
| If yes, are the chimneys and flues cleaned annually?   | Yes | No |
| 6. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring?<br><b>If yes, list building numbers:</b>                       | Yes | No |
| 7. Do you have power generating equipment?<br>If yes, is it 100% for emergency use only?<br>List the size of each unit (in HP and KW): | Yes | No |

DOCK INFORMATION
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- |   |      |    |
|---|------|----|
| 1. Number of docks:   |      |    |
| 2. Number of boat slips:<br><b>Complete the questions below only if property coverage is requested.</b> |      |    |
| 3. Construction:       Frame       Metal       Floating       Fixed       Roofed                        | Age: |    |
| If roofed, has proper engineering for wind/snow loads been assessed?                                    | Yes  | No |
| 4. Does the water around your dock freeze?<br>If yes, what date on average:                             | Yes  | No |
| 5. Are the docks removed?   | Yes  | No |

ACCOUNT INFORMATION
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**Management Information**

- |   |     |       |
|---|-----|-------|
| 1. How long have you owned this park?   |     | Years |
| 2. Do you or your manager live on premises?   | Yes | No    |
| 3. Do you have a dog(s)?<br>If yes, what breed(s)?<br>If yes, is your pet ever allowed into guest areas or around guests? | Yes | No    |
| 4. Does the park have security patrol?<br>If yes, is the security patrol armed?   | Yes | No    |
| 5. Is the park fenced or gated?   | Yes | No    |

- |     |  |     |    |
|-----|--|-----|----|
| 6.  | Is there a formal maintenance program for the grounds and landscaping?   | Yes | No |
| 7.  | Is the electrical installation and maintenance done by a licensed electrician?   | Yes | No |
| 8.  | Does the park/resort service or repair engines (RV, Marine, Auto)?   | Yes | No |
| 9.  | Do you sell beer/wine/liquor?  | Yes | No |
| 10. | Is there a bar/lounge on the premises?   | Yes | No |
|     | If yes, is it open to the general/non-camping public?  | Yes | No |
| 11. | Is your park a member of any state or regional association or franchise?   | Yes | No |
|     | If yes, please list:   |     |    |
| 12. | Do you have, or have you ever had fuel storage on-site?  | Yes | No |
|     | If yes:  |     |    |
|     | a. Specify the type of fuel:   |     |    |
|     | b. What is the containment method (cans, tanks, drums etc.):   |     |    |
|     | c. What is the maximum volume at any one time:   |     |    |
| 13. | Do you have or have you ever had a dumping Station?  | Yes | No |
|     | If yes:  |     |    |
|     | a. What are the acceptable classes of waste?   |     |    |
|     | b. How is the waste is contained?  |     |    |
|     | c. What are your disposal practices?   |     |    |
| 14. | Do you have or have you ever had On-Site Pump Out Available?   | Yes | No |
|     | If yes:  |     |    |
|     | a. Please specify the containment method of waste:   |     |    |
|     | b. How do you dispose of the waste?  |     |    |
| 15. | Have you, in the past 5 years, had a release of waste or pollutants of any sort that resulted in clean-up that was mandated or over-seen by federal, state or local authorities, or claims for Bodily Injury or Property Damage? If yes, please provide details. |     |    |

<b>PARK INFORMATION</b>
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# of Units	Type of Guest Unit	Type of Clientele, check and give percent of each:	
	RV Pads	Residential	(annual) %
	Tent Sites	Seasonal	(monthly) %
	Single Cabins	Vacation	(weekly/daily) %
	Duplex Cabins		
	Park Model/Modulars		
	Lodge Units		
	Other:		
1.	Do you require guests and/or visitors to sign an acknowledgement of risk or liability waiver?	Yes	No

ACTIVITY SECTION			
Actual Total Receipts for Prior 12 Months:			\$
Estimated Total Receipts for Next 12 Months:			\$
Activities Conducted		Number of Units	Revenues
	General Store		\$
	Restaurant		\$
	What % of sales from non-camping guests?		%
	Snack Bar		\$
	Liquor		\$
	LP Gas		\$
	Gasoline		\$
	Laundry		\$
	Gun/Archery Range		\$
	Horseback Riding		\$
	Hay, Sleigh or Wagon Rides		\$
	Bicycle Rentals		\$
	Tennis/ Basketball Court		\$
	Athletic Fields		\$
	Playground		\$
	Canoes		\$
	Float Tubes		\$
	Go-karts		\$
	Miniature Golf		\$
	RV or Travel Trailer Storage		\$
	RV or Travel Trailer Sales & Service		\$
	Special Events: weddings, reunions, etc.		\$
	Petting Zoo		\$
	Is petting zoo area fenced off from guests?	Yes No	
	Trails for guest owned ATV touring		\$
	Are trails on your premise?	Yes No	
	Trampolines or Jump Houses		\$
	Jumping Pillow		\$
	Water Skiing		\$
	Waverunners and Jet Skis		\$
	Hobby Shops or Classes, explain:		\$

1. What recreational and sporting activities, other than those listed above, are conducted or take place at your park/resort?
2. Is your premise open to the general public for day use other than camping? Yes No  
If yes, for what type of activities?
3. What are the revenues from these activities?
4. Does your park have a Jumping Pillow (or Kangaroo Jumper or similar amusement device)? Yes No  
If yes, please answer the below questions:
  - a. Are all participants required to sign a waiver? Please provide copy for review? Yes No
  - b. Is there a roll off area of Pea Gravel or sand maintained around the entire periphery of the jumper at least 4" above the pillows edge? Yes No
  - c. Are all participants' pockets empty and removal of all cell phones enforced before jumping? Yes No
  - d. Does the jumping pillow have anti-slip surface? Yes No

- e. Is your jumping pillow monitored by a staff member (within 50 feet) at all times it is open? Yes No
- f. Is your jumping pillow fenced with a locked gate when it is not in use? Yes No
- g. Do you have a variable speed air pump for your jumping pillow? Yes No  
If yes, do you utilize it to control the height at which guests can jump? Yes No
- h. Is your jumping pillow deflated when not in use? Yes No
- i. Do you have written procedures in place to advise your staff on how to control the size and number of jumpers on the pillow? Yes No  
If yes please send those procedures with the submission.

SPECIAL EVENT OPERATIONS						N/A
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- |    |   |     |    |                   |     |     |    |
|----|---|-----|----|-------------------|-----|-----|----|
| 1. | Do you offer these services?  | Yes | No | Number of events: |     |     |    |
|    | a. Firework Displays  | Yes | No |                   |     |     |    |
|    | If yes, is display performed by you or firework display company?            |     |    |                   |     |     |    |
|    | If no, do you get certificates from the firework display company?           |     |    |                   |     | Yes | No |
|    | b. Fairs  | Yes | No |                   |     |     |    |
|    | c. Flea markets   | Yes | No |                   |     |     |    |
|    | d. Auto Shows   | Yes | No |                   |     |     |    |
|    | e. Concerts   | Yes | No |                   |     |     |    |
|    | If yes, do you get certificates from the band, stage crew, etc.?            |     |    |                   |     | Yes | No |
|    | f. Festivals  | Yes | No |                   |     |     |    |
|    | g. Other:   | Yes | No |                   |     |     |    |
| 2. | Do you provide the catering at these functions?                             |     |    |                   | Yes | No  |    |
| 3. | Do you provide the liquor at these functions?                               |     |    |                   | Yes | No  |    |
|    | If no, do you get certificates from the caterers that work on your premise? |     |    |                   |     | Yes | No |
| 4. | Are there any other sub-contractors or concessionaires on your premise?     |     |    |                   | Yes | No  |    |
|    | If yes, for what purpose?   |     |    |                   |     |     |    |
|    | If yes, do you get certificates?  |     |    |                   |     | Yes | No |

POOL AND SWIMMING AREAS						N/A
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- |     |   |  |  |  |     |     |    |
|-----|---|--|--|--|-----|-----|----|
| 1.  | How many of each: Pools                      Lakes                      Other:  |  |  |  |     |     |    |
|     | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <b>If no, provide time table and action plan:</b> |  |  |  |     | Yes | No |
| 2.  | Are your swimming facilities open to the general public?  |  |  |  | Yes | No  |    |
| 3.  | Fenced?   |  |  |  | Yes | No  |    |
| 4.  | Diving Board?   |  |  |  | Yes | No  |    |
| 5.  | Locking Gate?   |  |  |  | Yes | No  |    |
| 6.  | Is the depth of pool marked?  |  |  |  | Yes | No  |    |
| 7.  | Are life rings or buoys provided?   |  |  |  | Yes | No  |    |
| 8.  | Life Guard on Duty?   |  |  |  | Yes | No  |    |
| 9.  | Pool Rules posted?  |  |  |  | Yes | No  |    |
| 10. | Is there signage "No life guard, swim at your own risk, no diving"?   |  |  |  | Yes | No  |    |
| 11. | Is a trained employee available for emergencies?  |  |  |  | Yes | No  |    |
| 12. | Do you have a waterslide?   |  |  |  | Yes | No  |    |
|     | If yes, what is the length & height of slide? Length                      /Height   |  |  |  |     |     |    |

WATERCRAFT LIABILITY SECTION						N/A
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Boat Schedule <i>if necessary use another sheet of paper</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

**WATERCRAFT GENERAL INFORMATION**

1. What type of operation do you have?  
     Boat Rentals      Fishing Trips      Tube or Canoe Rentals      Hunting      Other:
2. On what bodies of water does use take place?  
     Rivers      Lakes      Ocean      Bays/Inlet
3. If Rivers, what classes are boated:  
     Class I      Class II      Class III      Class IV      Class V
4. Are life vests (PFD's) required?      Yes      No
5. Are life vests (PFD's) provided?      Yes      No

**CANOE, KAYAK, AND/OR RIVER TUBING INFORMATION**

**N/A**

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. Number of guides:
2. What percent of your operations are unguided?      %

**LP GAS DISTRIBUTION – FILL STATION**

**N/A**

1. Do you have documentation that LP Fill Station meets all state and Local LP codes for training, equipment etc.?      Yes      No
2. Are employees certified and trained to fill LP gas tanks?      Yes      No
3. Is fill station fenced or secured?      Yes      No
4. How many fixed LP gas tanks do you have on premise?

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim?      Yes      No  
     If yes, please describe:

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)