

RESORT/CAMPGROUND QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

GENERAL INFORMATION

1. Does your resort/campground:

a. Rent mobile homes over 15 years in age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent mobile homes over 20 years in age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Park models older than 15 years in age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Allow owned or rented snowmobiles, jet skis, wave runners, water-skis, ATV's jump pillows or trampolines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have a diving board, waterslide or raft on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Allow owned or rental saddle animals on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Operate a petting zoo? Are sanitization stations provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Have absentee owners? (proprietors or managers must be on site year round)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Total Annual Gross Sales: \$ _____

a. Resort sales	\$ _____	
b. Groceries/supplies/gifts	\$ _____	
c. Restaurant/concessions	\$ _____	
d. Liquor/tavern	\$ _____	
e. Dock rentals	\$ _____	slips/tie ups # _____
f. Boat rentals	\$ _____	boats # _____
g. Bicycle rentals	\$ _____	
h. Campground sites	# _____	trailer/RV # _____
i. Gasoline	_____ (gallons)	
j. LP Gas	_____ (gallons)	

3. Describe all boat rentals, if any, including the age and length of boats, and the horsepower of the motors:

4. Total value of all buildings: _____ Replacement Cost (attach separate sheet if necessary)
 _____ Actual Cash Value
 If 2 or more buildings and total insured value exceeds \$500,000, include sketch showing all buildings, value of each, distance between building and directions.

5. Do you have any outstanding bankruptcy or tax liens? Yes No
 (ie: property, sales, wage withholding)
 If yes, explain: _____

6. Are the cabins heated by wood-burning stoves? Yes No
 If yes, complete the [Woodburning Stove and Furnace Questionnaire CIG 015](#).



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
---------------------	-------	------

Producer Signature	Date
--------------------	------

Producer Name and Address