

Resort and Campground Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured:

Website:

GENERAL INFORMATION

	Sales	Units		Sales	Units
1. Overnight Camp site rentals Seasonal site rentals			Cabin rentals (includes park models you own and rent to others)		
2. What are the months of operation?		Annual	From	To	
3. Does the owner or a manager live on site or next to the property during operation?					Yes No
4. Are speed limit signs posted on all private roads?					Yes No
5. Do you sell new or used trailers/park model units?					Yes No
6. Do you offer RV parking services?					Yes No
7. Do you have any land that is used as a garbage dump or landfill?					Yes No
8. Do you maintain a wastewater, sewer or septic utility?					Yes No
a. If yes, how often is the system inspected/maintained?					
b. In the past 5 years, have there been any issues (backup, etc.)?				N/A	Yes No
i. If yes, please provide detail on the problem and corrective actions:					
9. Do you maintain or operate a water treatment facility?					Yes No
10. Does any building have a wood-burning fireplace, stove or furnace as the primary source of heat? (check all that apply)					Yes No
Main Building/Lodge Rental Units Store Other					
11. If dogs are permitted, do you have a written policy prohibiting specific breeds and dogs with prior bite history?				N/A	Yes No
12. Is child care provided on premises?					Yes No
13. Is this a clothing optional campground?					Yes No
14. Complete the information for the retail operations below with annual totals from last year:					
General Store (groceries/supplies/gifts)		Restaurant/concessions (food sales)		Liquor/tavern (liquor sales)	
Gasoline Sales Gallons		LPG Sales Gallons		Laundry Sales	

PROPERTY INFORMATION

N/A

If a location has 5 or more buildings, provide a plot plan indicating distances between buildings.

1. If the risk is seasonal, is there a caretaker or contracted management company responsible for maintaining the property during the off-season?				N/A	Yes No
a. If no, are the buildings winterized?					Yes No
2. What fire control water sources are readily available? (check all that apply)					
Fire Hydrant Lake/Pond Water tank Pool Other:					
3. Is there limited access to buildings for any reason (e.g. forest, terrain, or season)?					Yes No

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| 4. Do you have power generating equipment? | Yes | No |
| a. Is it ever used for non-emergency purposes? | Yes | No |
| b. Size of each unit (HP and KW): | | |

CABIN RENTAL UNIT INFORMATION			N/A
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| 1. Do all rental units have functioning smoke alarms and fire extinguishers? | Yes | No |
| 2. Are all rental park models and stationary RVs skirted? | Yes | No |
| 3. What is the age of the oldest rental unit? | | |
| 4. For buildings over 20 years, have the heating and electrical systems been inspected by licensed contractors within the past 25 years? | N/A | Yes No |
| 5. Are space heaters used? | Yes | No |
| a. Are all space heaters UL approved and equipped with automatic shut-offs in the event of overheating or accidental overturn? | Yes | No |
| b. Are instructions given to all customers on appropriate use? | Yes | No |

COOKING HAZARD INFORMATION			N/A
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| 1. Is a UL 300 automatic extinguishing system installed over all cooking surfaces? | Yes | No |
| 2. Is the stove equipped with automatic fuel shut-off? | Yes | No |
| 3. Do you have one or more fire extinguishers? | Yes | No |
| 4. Do you have any deep fat fryers? | Yes | No |
| 5. What is the restaurant seating capacity? | | |
| 6. What percentage of restaurant and tavern sales are from the general public? | | % |

ACTIVITIES INFORMATION			N/A
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| 1. Do you have any of the following activities or equipment available for customer use? (check all that apply) | Yes | No |
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|---|-------------------------------|--|--|
| Saddle animals | Trampolines | Zip lines | Paintball or Laser Tag |
| ATVs | Snowmobiles | Downhill skiing | Boats with motors over 75 HP |
| Inflatable amusement devices (Bounce House, etc.) | Go-karts and mechanical rides | Water skis, tubes or other tow behinds | Personal watercraft (wave runners, jet skis, etc.) |
| Guided whitewater rafting/boating | Guided underwater activities | Mountaineering or rock climbing | Wilderness survival operations or training |

2. Complete the applicable information below for activities you offer.

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|---|---|
| Athletic Courts/Fields#: | Arcade Sales: |
| Bicycle Rentals Sales: | Boat Rentals |
| Are helmets required on bikes? | # Canoes # Row Boats |
| Yes No | # Paddle Boats # Other |
| Are customers required to sign liability waivers? | Are personal flotation devices mandatory? |
| Yes No | Yes No |
| Dock Rentals.....#: | Are personal flotation devices provided? |
| | Yes No |
| Golf Cart Rentals Sales: #: | Golf Course Sales: |
| Are minors allowed to drive? Yes No | |
| Jumping Pillows#: | Golf Driving Range Sales: |
| Petting zoo Sales: | Miniature Golf..... Sales: |
| Are sanitization stations provided? Yes No | |
| Ranges | Playgrounds.....#: |
| Archery - indoor# | |
| Archery - outdoor.....# | |
| Rifle# | |
| Other Equipment Rental .. Sales: | Skeet/Trap Shooting # stations |
| Outfitter/Guide Activities .. Sales: | Other: |

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| 3. Are these activities or facilities open to the general public? | Yes | No |
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POOL AND SWIMMING AREAS

N/A

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|---|--------------|------------------|---------------|-----------|-----|-----|
| 1. How many of each: | Pools | Lakes/Rivers | Hot Tubs/Spas | Other: | | |
| 2. What are the hours of operation for each? | | | | | | |
| 3. Are your swimming facilities open to the general public? | | | | | Yes | No |
| 4. If lifeguards are present, are all lifeguards certified? | | | | N/A | Yes | No |
| 5. If lifeguards are not present, are signs posted stating "No Lifeguard On Duty?" | | | | N/A | Yes | No |
| 6. List how many of each feature below you have: | | | | | | |
| | Diving Board | Water Trampoline | | Swim Raft | | |
| a. How tall is the highest diving board? | | | | N/A | | ft. |
| b. Are all water trampolines and swim rafts equipped with a ladder? | | | | N/A | Yes | No |
| 7. Do you have any waterslides or similar water rides? | | | | | Yes | No |
| 8. Are "No Diving" signs clearly posted at shallow areas of pools and all lakes and beaches? | | | | | Yes | No |
| 9. Is lifesaving equipment, such as life rings or buoys, available at all times, even when pools and swimming areas are closed? | | | | | Yes | No |

Swimming Pool And Spa Specific

N/A

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|---|--|--|--|--|-----|----|
| 10. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? | | | | | Yes | No |
| 11. Are pool areas surrounded by a fence or barrier at least 4 feet tall with self-closing and self-latching gates? | | | | | Yes | No |
| 12. Are gates locked when pool is closed? | | | | | Yes | No |
| 13. Are surfaces surrounding the pool made of non-slip or skid-resistant material? | | | | | Yes | No |
| 14. Is the depth of the pool clearly marked at the pool edges? | | | | | Yes | No |
| 15. Are all pool chemicals locked in a secure area inaccessible to guests? | | | | | Yes | No |

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature	Title	Date
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Producer Signature	Date
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