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RESORT AND CAMPGROUND QUESTIONNAIRE

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

Named Insured: _____

Address: _____

Website: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

GENERAL INFORMATION

	Sales	Units	Months of Operation
Overnight Campsite Rentals	_____	_____	Annual <input type="checkbox"/> From: _____ To: _____
Seasonal Site Rentals	_____	_____	Annual <input type="checkbox"/> From: _____ To: _____
Cabin Rentals (incl. park models you own and rent to others)	_____	_____	Annual <input type="checkbox"/> From: _____ To: _____

2. Does the Owner or a Manager live on site or next to the property during operation? ☐ Yes ☐ No
3. Are speed limit signs posted on all private roads? ☐ Yes ☐ No
4. Do you sell new or used trailers/park model units? ☐ Yes ☐ No
5. Do you offer RV parking services? ☐ Yes ☐ No
6. Do you have any land that is used as a garbage dump or landfill? ☐ Yes ☐ No
7. Do you maintain a wastewater, sewer or septic utility? ☐ Yes ☐ No
- a. If yes, how often is the system inspected/maintained? ☐ Yes ☐ No
- b. In the past 5 years, have there been any issues (backup, blockage, etc.)? If Yes, provide details on problem and how it was repaired: ☐ Yes ☐ No
- _____

8. Do you maintain or operate a water treatment facility? ☐ Yes ☐ No
9. Does any building have a wood-burning fireplace, stove or furnace as the primary heat source? (check all that apply) ☐ Main Bldg ☐ Rental Units ☐ Store ☐ Other: _____ ☐ Yes ☐ No
10. Are dogs permitted? ☐ Yes ☐ No
- a. If dogs are permitted, do you have a written policy prohibiting specific breeds and dogs with a bite history? ☐ Yes ☐ No
11. Is child care provided on premises? ☐ Yes ☐ No
12. Is this a clothing optional campground? ☐ Yes ☐ No
13. 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 \$ _____

LP Sales (gallons) _____ Gasoline Sales (gallons) _____ Laundry Sales \$ _____

PROPERTY INFORMATION: ☐ N/A *If location has 5 or more buildings, provide a plot plan, including 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? ☐ 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, *(ex. forests, terrain, or season)*? ☐ Yes ☐ No
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

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? ☐ 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 for appropriate use? ☐ Yes ☐ No

COOKING HAZARD INFORMATION: ☐ N/A

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? _____

ACTIVITES INFORMATION: ☐ N/A

1. Do you have any of the following activities or equipment available for customer use? ☐ Yes ☐ No

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> ATVs | <input type="checkbox"/> Inflatable amusement devices
(Bounce House, etc) | <input type="checkbox"/> Saddle Animals |
| <input type="checkbox"/> Boats with motors over 75HP | <input type="checkbox"/> Mountaineering/Rock Climbing | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Paintball/Laser Tag | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Go-karts and Mechanical Rides | <input type="checkbox"/> Personal Watercraft
(Waverunners, Jet Skis, etc) | <input type="checkbox"/> Water Skis, Tubes, Tow-Behinds |
| <input type="checkbox"/> Guided Whitewater Rafting/Boating | | <input type="checkbox"/> Wilderness Survival Ops/Training |
| <input type="checkbox"/> Guided Underwater Activities | | <input type="checkbox"/> Zip Lines |

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

Athletic Courts/Fields #: _____

Bicycle Rentals - Sales: \$ _____

Are helmets required on bikes? ☐ Y ☐ N

Are signed liability waivers required? ☐ Y ☐ N

Arcade Sales \$: _____

Golf Cart Rentals - Sales: \$ _____ #: _____

Are minors allowed to drive? ☐ Y ☐ N

Golf Course Sales: \$ _____

Golf Driving Range Sales: \$ _____

Dock Rentals #: _____ \$: _____

Boat Rentals - Sales \$ _____

_____ Canoes # _____ Row Boats

_____ Paddle Boards # _____ Other: _____

Are personal flotation devices required? ☐ Y ☐ N

Are personal flotation devices provided? ☐ Y ☐ N

Jumping Pillows #: _____

Petting Zoo - Sales: \$ _____

Are Sanitation Stations provided? ☐ Y ☐ N

Miniature Golf Sales: \$ _____

2. Complete the applicable information below for activities you offer (cont) :

Ranges:

Archery - indoor #: _____

Archery - outdoor #: _____

Rifle/Gun #: _____

Skeet/Trap Shooting #: _____ stations

Playgrounds #: _____

Outfitter/Guide Activities - Sales \$ _____

Other Equipment Rental Sales: \$ _____

3. Are these activities or facilities open to the general public?

☐ Yes ☐ No

POOL AND SWIMMING AREAS INFORMATION: ☐ N/A

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:

☐ Yes ☐ No

Diving Board : _____ Water Trampoline: _____ Swim Raft: _____

a. How tall is the highest diving board? (ft/in)

☐ N/A _____

b. Are all water trampolines and swim rafts equipped with a ladder?

☐ N/A ☐ Yes ☐ No

7. Do you have any water slides 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

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 as the pool edges?

☐ Yes ☐ No

15. Are all pool chemicals locked in a secure area inaccessible to guests?

☐ Yes ☐ No

APPLICANT'S STATEMENT:

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 MISPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____