

RV Park & Campground Application

Named Insured:	
Principal Contact:	
Mailing Address:	
Location Address (Important):	
Location County:	
Phone Number:	Fax Number:
Effective Date:	Website: www.
Business Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	
FEIN or SSN:	
Limit of Liability Requested:	<input type="checkbox"/> \$ 300,000 Occurrence <input type="checkbox"/> \$ 500,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence

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

- Required Attachments**
1. All brochures describing any and all services; or website address above.
 2. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by the insured.
 3. Pet Rules, Park Rules or Membership Agreements.
 4. Documentation that your LP fill station meets code, if applicable

Producing Insurance Agent			
AGENCY:	The Schneider Group		
ADDRESS:	3113 E. First St., Tucson AZ 85716		
TELEPHONE:	(800) 234-9037	FAX:	(520) 670-1121

**THIS IS AN APPLICATION FOR INSURANCE.
THIS IS NOT A BINDER OF INSURANCE.**

Property Section	<input type="checkbox"/> N/A
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Location Information	
Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Fire Protection Class of your location?	
Distance to Fire Station?	miles
Is the responding fire department <input type="checkbox"/> staffed or <input type="checkbox"/> volunteer?	
Distance to Fire Hydrant?	feet
Are there other fire control water sources available? <input type="checkbox"/> Pool <input type="checkbox"/> Pond/Lake <input type="checkbox"/> Water Tank <input type="checkbox"/> Other:	
Is your location prone to grass fires and/or forest fires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there buildings at your facility with limited access due to forest, terrain or season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your buildings located in heavily wooded areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the clearing from forest/wooded areas greater than 150 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is your business operational year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, provide the number of months you are operational?	Mo.
Are your buildings occupied year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a caretaker on site <input type="checkbox"/> Yes <input type="checkbox"/> No or contracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are buildings winterized?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Property Information	
Are there smoke alarms in all corridors and bedrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of powered smoke alarms are installed? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	
1. Do any buildings have cooking facilities? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any buildings have wood burning fireplaces and/ or woodstoves? If yes, list building numbers. If yes, are the chimneys and flues cleaned annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dock Information	
Number of Docks?	
Number of Boat Slips?	
Complete the questions below only if property coverage is requested.	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Metal <input type="checkbox"/> Floating <input type="checkbox"/> Fixed <input type="checkbox"/> Roofed	Age:
If roofed, has proper engineering for wind/snow loads been assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the water around your dock freeze? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date on average?
Are the docks removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Account Information

Management Information

How long have you owned this park?	years
Do you or your manager live on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dog(s)? If yes, what breed(s)? If yes, is your pet ever allowed into guest areas or around guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Does the park have security patrol? If yes, is the security patrol armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the park fenced or gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal maintenance program for the grounds and landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the electrical installation and maintenance done by a licensed electrician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the park/resort service or repair engines (RV, Marine, Auto)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell beer/wine/liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a bar/lounge on the premises? If yes, is it open to the general/non-camping public?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your park a member of any state or regional association or franchise? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Activity Section		
Prior 12 Months' Actual Total Receipts:		\$
Estimated Total Receipts for Next 12 Months:		\$
Activities Conducted	# of Units	Revenues
<input type="checkbox"/> General Store		\$
<input type="checkbox"/> Restaurant What % of sales from non-camping guests?		\$ %
<input type="checkbox"/> Snack Bar		\$
<input type="checkbox"/> Liquor		\$
<input type="checkbox"/> LP Gas		\$
<input type="checkbox"/> Gasoline		\$
<input type="checkbox"/> Laundry		\$
<input type="checkbox"/> Gun/Archery Range		\$
<input type="checkbox"/> Horseback Riding		\$
<input type="checkbox"/> Hay, Sleigh or Wagon Rides		\$
<input type="checkbox"/> Bicycle Rentals		\$
<input type="checkbox"/> Tennis/ Basketball Court		\$
<input type="checkbox"/> Athletic Fields		\$
<input type="checkbox"/> Playground		\$
<input type="checkbox"/> Canoes		\$
<input type="checkbox"/> Float Tubes		\$
<input type="checkbox"/> Go-Karts		\$
<input type="checkbox"/> Miniature Golf		\$
<input type="checkbox"/> RV or Travel Trailer Storage		\$ of units

<input type="checkbox"/> RV or Travel Trailer Sales & Service		\$	of units
<input type="checkbox"/> Special Events: weddings, reunions, etc.		\$	
<input type="checkbox"/> Petting Zoo Is petting zoo area fenced off from guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
<input type="checkbox"/> Trails for guest owned ATV touring Are trails on your premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
<input type="checkbox"/> Trampolines or Jump Houses		\$	
<input type="checkbox"/> Water Skiing		\$	
<input type="checkbox"/> Waverunners and Jet Skis		\$	
<input type="checkbox"/> Hobby Shops or Classes, explain:		\$	
What recreational and sporting activities, other than those listed above, are conducted or take place at your park/resort?			
Is your premise open to the general public for day use other than camping? If yes, for what type of activities? What are the revenues from these activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No \$	

Special Event Operations		<input type="checkbox"/> N/A
Do you offer these services?	#	of events
Firework Displays If yes, is display performed by <input type="checkbox"/> you or <input type="checkbox"/> firework display company? If not you, do you get certificates from the firework display company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flea Markets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto Shows	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concerts If yes, do you get certificates from the band, stage crew, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Festivals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide the catering at these functions? Do you provide the liquor at these functions? If no, do you get certificates from the caterers that work on your premise?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other subcontractors or concessionaires on your premise? If yes, for what purpose? If yes, do you get certificates?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Pool and Swimming Areas		<input type="checkbox"/> N/A
How many of each: _____ Pools _____ Lakes _____ Other:		
Are your swimming facilities open to the general public?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Locking Gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the depth of pool marked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are life rings or buoys provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Guard on Duty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool Rules posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there signage "No life guard, swim at your own risk, no diving"?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a trained employee available for emergencies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a waterslide? If yes, what is the length & height of slide?	Length _____	<input type="checkbox"/> Yes <input type="checkbox"/> No /Height _____

Watercraft Liability Section **N/A**

Boat Schedule <i>if necessary use another sheet of paper</i>						
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information	
What type of operation do you have? <input type="checkbox"/> Boat Rentals <input type="checkbox"/> Fishing Trips <input type="checkbox"/> Tube or Canoe Rentals <input type="checkbox"/> Hunting <input type="checkbox"/> Other:	
On what bodies of water does use take place? <input type="checkbox"/> Rivers <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> Bays/Inlets	
If Rivers, what classes are boated: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V	
Are life vests (PFD's) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are life vests (PFD's) provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Canoe, Kayak and/or River Tubing Information <input type="checkbox"/> N/A		
Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		
What percent of your operations are unguided?		%
Number of guides?		

LP Gas Distribution – Fill Station **N/A**

Do you have documentation that LP Fill Station meets all state and local LP codes for training, equipment etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees certified and trained to fill LP gas tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is fill station fenced or secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many fixed LP Gas tanks do you have on premise?	tanks

Loss History		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
Do you have knowledge of any incident which may lead to a claim? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or

misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 such person to criminal and civil penalties.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Date: _____ Insured's Signature: _____

Date: _____ Agent or Broker Signature: _____