

CAMPGROUND SUPPLEMENT

() New () Renewal

Applicant's Business Name: _____

Policy Period Requested: _____ to _____ () Claims Made () Occurrence

Limit Requested \$ _____ Deductible Requested \$ _____ Per Claim (PI & PD Combined)

Gross Receipts \$ _____ Number of Campers: _____ Acreage: _____

Number of Campsites: _____ Primitive _____ Utility Hook-Up _____

Gas Sales \$ _____ Other _____

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 PLEASE INCLUDE PHOTOS

LIABILITY EXPOSURES ON PREMISES:

	<u>To Be Covered</u>	<u>Covered Elsewhere</u>
LP Gas Sales	()	()
Swimming Pool Size: _____	()	()
Diving Board () Yes () No		
Slide () Yes () No		
() Beach () Lake () River		
Power Boats How many? _____	()	()
Non-power Boats How many? _____	()	()
Hay Rides	()	()
Playground	()	()
() Bicycle Rental () Moped Rental	()	()
Depth of Landing Area _____		
Horses for Rent () Yes () No	()	()
If yes, complete Stable & Riding Academy Supplement		
Miniature Golf How many holes? _____	()	()
Driving Range How many tees? _____	()	()
Mobile Home Park How many spaces? _____	()	()
Trailer Rentals How many? _____	()	()
Tent Rentals How many? _____	()	()
Laundromat	()	()
Retail Store	()	()
Other _____	()	()
_____	()	()

IF PROPERTY COVERAGE IS REQUIRED, PLEASE COMPLETE ACORD PROPERTY APPLICATION

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

Name and Address	Interest
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION: (explain all "yes" responses) For all Past or Present Operations:

1. Any medical facilities provided or doctors employed/contracted? () Yes () No
2. Any exposure to radioactive/nuclear materials? () Yes () No
3. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? () Yes () No
4. Any operations sold, acquired, or discontinued in last 5 year? () Yes () No
5. Machinery or equipment loaned or rented to others? () Yes () No
6. Any watercraft, docks, floats owned, hired, or leased? () Yes () No
7. Any parking facilities owned/rented? () Yes () No
8. Sporting or social events sponsored? () Yes () No
9. Any structural alterations contemplated? () Yes () No
10. Any demolition exposures contemplated? () Yes () No
11. Is any alcohol served or allowed on the premises? () Yes () No
 If yes, Gross receipts \$ _____

REMARKS: _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant	Date Signed
Signature of Agent	Date Signed

UNDERWRITERS USE ONLY:

Limit of Liability	\$	_____	
Deductible	\$	_____	Per Claim
Premium	\$	_____	
Engineering Fee	\$	_____	