

**T.H.E. Insurance Company**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**RV Park and Campground Supplement**

New

Renewal

Applicant's Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Physical location of business (if different) \_\_\_\_\_

Policy Period Requested: \_\_\_\_\_ To \_\_\_\_\_

Limit Requested: \_\_\_\_\_ Per Occurrence

\_\_\_\_\_ Aggregate

Deductible Requested: \_\_\_\_\_

**CAMPSITES:**

Number of primitive: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

Number w/ Utility Hookup: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

Number of Cabins/Trailers: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

Tent Rental:  Yes  No \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

Type of Clientele, check and give percent of each: \_\_\_\_\_ Residential (annual) \_\_\_\_\_ %

\_\_\_\_\_ Seasonal (monthly) \_\_\_\_\_ %

\_\_\_\_\_ Vacation (daily/weekly) \_\_\_\_\_ %

Is Applicant a club, e.g. gun club, fish and game club, etc:  Yes  No Number of Members: \_\_\_\_\_

Laundromat:  Yes  No Gross Receipts: \_\_\_\_\_

Number of washers: \_\_\_\_\_ Number of Dryers: \_\_\_\_\_

**FOOD:**

Restaurant/Snack Bar:  Yes  No Gross Receipts Food: \_\_\_\_\_

Gross Receipts Liquor\*: \_\_\_\_\_

Retail Store:  Yes  No Gross Receipts Food: \_\_\_\_\_

Gross Receipts Liquor\*: \_\_\_\_\_

Gross Receipts Retail: \_\_\_\_\_

\*Must complete Liquor Law Liability Supplement – if any liquor sales.

Number of Vending Machines: Owned #: \_\_\_\_\_ Leased #: \_\_\_\_\_

If cooking facilities, include description, advise if grills, fryers, ansul system, fire extinguishers, etc: \_\_\_\_\_

**RECREATIONAL ACTIVITIES:**

Amusement Devices Description: \_\_\_\_\_

Bicycle Rentals: Number of Bikes: \_\_\_\_\_  
Description including number of wheels: \_\_\_\_\_  
Gross Receipts: \_\_\_\_\_

Climbing Wall:  Yes  No If yes, Make, Model, Size: \_\_\_\_\_

Exercise Room:  Yes  No If yes, include description of equipment: \_\_\_\_\_

---

Game Room: Number of Games: \_\_\_\_\_  
Type: \_\_\_\_\_  
Gross Receipts: \_\_\_\_\_

Golf: Miniature Golf – Number of Holes \_\_\_\_\_  
Golf Course – Par \_\_\_\_\_ Number of Holes \_\_\_\_\_  
Driving Range – Number of Tees: \_\_\_\_\_

Hay Rides:  Yes  No Number of Wagons: \_\_\_\_\_  
Wagons pulled by: \_\_\_\_\_

Hobby Shops or Classes:  Yes  No Describe: \_\_\_\_\_

Horse Rental or Pony Rides:  Yes  No Gross Receipts: \_\_\_\_\_  
Names of Horses: \_\_\_\_\_

Horse Trails:  Yes  No Describe: \_\_\_\_\_

Horse Boarding:  Yes  No If yes, # of Stalls available? \_\_\_\_\_

Hunting:  Yes  No If yes, describe: \_\_\_\_\_

Laser Tag:  Yes  No

Paintball:  Yes  No

Playground:  Yes  No  
Description and Type of Equipment: \_\_\_\_\_

---

Petting Zoo:  Yes  No  
Describe Hand Sanitation System: \_\_\_\_\_  
List Animals: \_\_\_\_\_

---

Skeet or Trap Range  Yes  No Gross Receipts: \_\_\_\_\_  
Rifle Range  Yes  No Gross Receipts: \_\_\_\_\_  
Archery Range  Yes  No Gross Receipts: \_\_\_\_\_

1. What precautions are taken to keep spectators away from firing and range areas? \_\_\_\_\_

2. Advise backstop construction – including height: \_\_\_\_\_

3. Describe any special meets, shoots, or competitions, and include number of events, average attendance, security, etc. \_\_\_\_\_

---

Trails for Guest Owned ATV Touring:  Yes  No  
Are trails on your premises:  Yes  No  
Is trail shared with other riders such as hikers, horses and bicycles?  Yes  No

**WATER EXPOSURES**

Number of Swimming Pools: \_\_\_\_\_

Diving Boards?  Yes  No  
 Slides?  Yes  No  
 Platforms?  Yes  No

Complete description, to include height and construction, of diving boards, slides and platforms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the depth of the pool(s) marked?  Yes  No  
 Is there a lifeguard on duty?  Yes  No  
 If yes, # of Lifeguards: \_\_\_\_\_  
 Lifeguards are trained & certified by:  American Red Cross  Other \_\_\_\_\_  
 Pool rules posted?  Yes  No  
 Fenced?  Yes  No  
 Locking Gate?  Yes  No  
 Is there signage, "No Lifeguard, Swim at Own Risk, No Diving"?  Yes  No  
 Are Life Rings and Buoys provided?  Yes  No

**\*\*Water park, slides, or play areas must complete Water Park Supplement, including description of waterslides and all water play features. Photos will also be required\*\***

Number of Hot Tubs or Jacuzzi: \_\_\_\_\_

Swim Beach, Stream, River or Lake:  Yes  No  
 Rope Swings:  Yes  No  
 Docks:  Yes  No  
 Dive Platforms:  Yes  No  
 Water Trampoline:  Yes  No  
 Cable Ride:  Yes  No  
 Other Water Play features: \_\_\_\_\_  
 Fishing Lake or Pond?  Yes  No  
 Fishing Trips?  Yes  No  
 Water Skiing?  Yes  No

**WATERCRAFT RENTAL: (Number of Each)** Gross Receipts: \_\_\_\_\_

Attach a schedule of rentals including length make model & horsepower of each

Motorized Boats \_\_\_\_\_ Canoes \_\_\_\_\_ Jet Skis \_\_\_\_\_  
 Paddle Boats \_\_\_\_\_ Rafts \_\_\_\_\_ Sail Boards \_\_\_\_\_  
 Sail Boats \_\_\_\_\_ Tubes \_\_\_\_\_ Kayaks \_\_\_\_\_  
 Other \_\_\_\_\_ Description: \_\_\_\_\_

**MARINA:** Slip rentals, ship stores, etc MUST complete a Marina Operators Supplement

**OUTDOOR SPORTS:** e.g. Baseball, Basketball, Bocce Ball, Horseshoes, Tennis, Volleyball, etc.

Include # of Courts for each type of sport \_\_\_\_\_  
 Do you sponsor any teams or tournaments?  Yes  No

**RENTAL OF GOLF KARTS:** Number of Golf Karts: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_  
 Age Requirement?  Yes  No Minimum Age: \_\_\_\_\_ Driver's License Required?  Yes  No

**MOBILE EQUIPMENT: (Used by Staff Only)**

**Schedule of Mobile Equipment**

Year	Make	Serial #

**SPECIAL EVENTS:**

- Fair/Festivals:  Yes  No
- Flea Markets:  Yes  No
- Auto Shows:  Yes  No
- Concerts:  Yes  No

If yes to concerts, do you get certificates from the band, stage crew, etc?  Yes  No  Other Describe: \_\_\_\_\_

Firework Display:  Yes  No  
 If yes, is display performed by  you or  firework display company?  
 If not you, do you get a certificate from the firework display company?

Do you provide catering at special event functions?  Yes  No  
 If no, do you get certificates from the caterers that work on your premises?  Yes  No

Are there any other subcontractors or concessionaires on your premises?  Yes  No

If yes, for what purpose? \_\_\_\_\_  
 If yes, do you get certificates?  Yes  No

**GAS/LP GAS DISTRIBUTION – FILL STATION**

Number of Gasoline Pumps: \_\_\_\_\_ Gasoline Gross Receipts: \_\_\_\_\_  
 Number of fixed LP Gas Tanks on Premises: \_\_\_\_\_ LP Gas Gross Receipts: \_\_\_\_\_

- Does Applicant have documentation that LP fill station meets all state and local LP codes for training, equipment, etc?  Yes  No
- Are employees certified and trained to fill LP Gas tanks?  Yes  No
- Is fill station fenced or secured?  Yes  No

**TRAILER / RV SALES OR SERVICE**  Yes  No Gross Receipts: \_\_\_\_\_

**PREMISES INFORMATION:**

Other than fire hydrants, are there any other fire control water sources available?

- Pool  Pond/Lake  Water Tank
- Other Describe: \_\_\_\_\_

Is your location prone to grass fires and/or forest fires?  Yes  No

Are there buildings at your facility with limited access due to forest, terrain, or season?  Yes  No

Is the clearing from forest/wood areas greater than 150 feet?  Yes  No

Is your business operational year round?  Yes  No  
 If no, provide number of months operational \_\_\_\_\_

Are your buildings occupied year round?  Yes  No  
 If no, is there a caretaker on site?  Yes  No  
 If no, are buildings winterized?  Yes  No

Do any buildings have ACTIVE knob and tube and/or aluminum wiring?  Yes  No  
 If yes, how many building? \_\_\_\_\_

**GENERAL INFORMATION**

- Are you a member of your State Campground Owners Association?  Yes  No
- Are you a member of the National Association of RV Parks and Campgrounds?  Yes  No
- Are you a member of any other association in relation to your business operation?  Yes  No

Explain all "yes" responses on the following:

1. Any medical facilities provided?  Yes  No  
 If medical is sub-contracted, do you require Proof of Professional Liability Insurance?  Yes  No  
 Are written contracts entered into?  Yes  No

**General Information continued**

- 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 years?  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. Do you provide baby-sitting/day care?  Yes  No
  
- 12. Do you offer transportation of patrons to or from your premises?  Yes  No
  
- 13. Do you have an ATM on premises?  Yes  No  
If yes, how many owned \_\_\_\_\_ leased \_\_\_\_\_  
If leased, are you named as an additional insured?  Yes  No
  
- 14. Are any of your Employees licensed or certified by the State?  Yes  No  
If yes, please provide names and type of license, i.e., MD LMT EMT \_\_\_\_\_

---

- 15. Do you have an Automated External Defibrillator (AED) on premises?  Yes  No  
If yes, what type of training and testing is required of employees/authorized users? \_\_\_\_\_

---

- 16. Is security present on premises?  Yes  No  
If yes, are they  Employees  Independent Contractors?  
If Independent Contractors, are you named as an additional insured?  Yes  No

**ARMED SECURITY EMPLOYED BY THE NAMED INSURED IS NOT A COVERED EXPOSURE.**

If the insured contracts with independent/third party vendor, the insured must secure valid certificate of insurance for limits of not less than \$1,000,000 per occurrence naming the insured as additional insured under the independent/third party vendor's insurance policy.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become 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