



[Commercial Lines]

RV PARKS & CAMPGROUNDS LIABILITY SUPPLEMENT



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RV PARKS & CAMPGROUNDS LIABILITY SUPPLEMENT

PART 1 GENERAL INFORMATION

Broker: _____ Tel: _____

Broker Contact: _____ Email: _____

Name of Insured (Full Legal Name): _____

Location #: _____ Please complete below: _____

Legal Address: _____ Postal Code: _____

Location #: _____ Please complete below: _____

Legal Address: _____ Postal Code: _____

Location #: _____ Please complete below: _____

Legal Address: _____ Postal Code: _____

Years of experience in this or similar operation: _____ Experience: _____ Operating: _____

Does any Owner or Manager Have the Certified Park Operator designation? Yes No

Is the Park a member of any regional association? Yes No If "Yes", please list below:

Is the Park a member of any franchise? Yes No If "Yes", list franchise below:

Is the Park fenced or gated? Yes No

Is an employee or manager available 24 hours a day? Yes No

Does the Park have security control? Yes No

Do you enforce alcoholic beverage restrictions? Yes No

Is a log or journal kept to record any incidences? Yes No

(Details logged in a book may identify who witnessed the incident, who was working, what happened, etc.)

Is there a formal maintenance program for the grounds and landscaping? Yes No

Is the electrical installation and maintenance performed by a qualified electrician? Yes No

How many units are on the grounds? RV Pads: Tent Sites Single Cabins:

 Duplex Cabins: Park Model / Modular: Other:

Are your pads leased for long-term use? Yes No

What is the mix of patrons for this operation? Retirement: % Adults Only: % Family: %

Do you provide any RV or Travel Trailer storage? Yes No

Do you provide any RV or Travel Trailer Sales and/or Service? Yes No

Do you have or provide any Sporting Activities (i.e. Waterslides, Playgrounds, Boats) Yes No If "Yes", describe below:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____