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**CAMPGROUND AND RV PARK SUPPLEMENTAL APPLICATION**

Named Insured: \_\_\_\_\_  
 Principal Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location Address \_\_\_\_\_  
 (Important)  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Website www. \_\_\_\_\_  
 Business Form:  Corporation  Partnership  Individual  LLC  Other  
 Limit of Liability Requested:  \$300,000 Occurrence  
 \$500,000 Occurrence  
 \$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**

	<u>Insurance Carrier</u>	<u>Limits of Liability</u>	<u>Premium</u>
Last Year			

**Additional Insureds**

*(if necessary, use another sheet of paper)*

<u>Name</u>	<u>Complete Address</u>	<u>Interest</u>

**Submission Requirements:**

1.  Company Loss Runs for the last 5 years.
2.  Campground/RV Park brochure describing any and all services and activities provided.
3.  Website Address
4.  Plot Plan
5.  Park Rules
6.  Copy of operations manual (which should include safety, medical and emergency procedures.
7.  Membership Agreements if applicable to park.

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

**ACCOUNT INFORMATION**

Management Information

How long have you owned this park? \_\_\_\_\_ Years

Do you or your manager live on premise?  Yes  No

Do you have dog(s)?  Yes  No

If yes, what breed(s) \_\_\_\_\_

If yes, is your pet ever allowed into guest areas or around guests?  Yes  No

Does the park have security patrol?  Yes  No

If yes, is the security patrol armed?  Yes  No

Is the park fenced or gated?  Yes  No

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

Is the electrical installation and maintenance done by a licensed electrician?  Yes  No

Does the park/resort service or repair engines (RV, Marine, Auto)?  Yes  No

Do you sell beer/wine/liquor?  Yes  No

Is there a bar/lounge on the premises?  Yes  No

If yes, is it open to the general/non-camping public?  Yes  No

Is your park a member of any state or regional association or franchise?  Yes  No

If yes, please list: \_\_\_\_\_

Park Information

<u># of Units</u>	<u>Type of Guest Unit</u>	<u>Type of Clientele, check and give percentage of each:</u>	
_____	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?  Yes  No

**PROPERTY SECTION**

Location Information

What is the Fire Protection Class of your location? \_\_\_\_\_

Distance to Fire Station? \_\_\_\_\_ miles

Is the responding fire department  staffed or  volunteer? \_\_\_\_\_

Distance to Fire Hydrant? \_\_\_\_\_ Feet

Are there other fire control water sources available?  
 Pool  Pond / Lake  Water Tank  Other

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

Are your buildings located in heavily wooded areas?  Yes  No

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

Is your business operational year round?  Yes  No

If no, provide the number of months you are operational: \_\_\_\_\_ Months

Are your buildings occupied year round?  Yes  No

If no, is there a caretaker on site?  Yes  No

If no, is this contracted?  Yes  No

If no, are buildings winterized?  Yes  No

Basic Property Information

Are there smoke alarms in all corridors and bedrooms?  Yes  No

What type of powered smoke alarms are installed?  Battery  Hard-Wired

1. Do any buildings have cooking facilities?  Yes  No  
If yes, list building numbers: \_\_\_\_\_
2. Do any buildings have wood burning fireplaces and/or wood stoves?  Yes  No  
If yes, list building numbers: \_\_\_\_\_
3. Do any buildings have any ACTIVE Knob & Tube and/or aluminum wiring?  Yes  No  
If yes, are the chimneys and flues cleaned annually?  Yes  No  
If yes, list building numbers: \_\_\_\_\_

**Dock Information**

Number of Docks? \_\_\_\_\_  
 Number of Boat Slips? \_\_\_\_\_

*Complete the questions below only if property coverage is requested:*

Construction:  Frame  Metal  Floating  Fixed  Roofed      Age: \_\_\_\_\_  
 If roofed, has proper engineering for wind/snow loads been assessed?  Yes  No  
 Does the water around your dock freeze?  Yes  No  
 If yes, what date on average? \_\_\_\_\_  
 Are the docks removed?  Yes  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"/> Trails for guest owned ATV touring		\$
Are trails on your premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Trampolines		\$
<input type="checkbox"/> Water Skiing		\$
<input type="checkbox"/> Waverunners and Jet Skis		\$
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?  Yes  No  
 If yes, for what type of activities? \_\_\_\_\_  
 What are the revenues from these activities? \$ \_\_\_\_\_

**Pool and Swimming Areas**

How many of each? \_\_\_\_\_ Pools \_\_\_\_\_ Lakes \_\_\_\_\_ Other: \_\_\_\_\_

Are your swimming facilities open to the general public?  Yes  No  
 Fenced?  Yes  No  
 Diving Board?  Yes  No  
 Locking Gate?  Yes  No  
 Is the depth of pool marked?  Yes  No  
 Are life rings or buoys provided?  Yes  No  
 Lifeguard on duty?  Yes  No  
 Pool Rules posted?  Yes  No  
 Is there signage "No lifeguard, swim at your own risk, no diving"?  Yes  No  
 Is a trained employee available for emergencies?  Yes  No  
 Do you have a waterslide?  Yes  No  
 If yes, what is the length and height of the slide? Length: \_\_\_\_\_ Height: \_\_\_\_\_

**Watercraft Liability Section**  N/A

**Boat Schedule**  
*If necessary, use another sheet of paper.*

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
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

**General Information**

What type of operation do you have?  
 Boat Rentals  Fishing Trips  Tube or Canoe Rentals  Hunting  Other: \_\_\_\_\_

On what bodies of water does use take place?  Rivers  Lakes  
 Ocean  Bays/Inlets

If Rivers, what classes are boated:  Class I  Class II  Class III  Class IV  Class V

Are life vests (PFD's) required?  Yes  No  
 Are life vests (PFD's) provided?  Yes  No

**Canoe, Kayak and/or River Tubing Information**

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.?  Yes  No  
 Are employees certified and trained to fill LP gas tanks?  Yes  No  
 Is fill station fenced or secured?  Yes  No  
 How many fixed LP gas tanks do you have on premise? \_\_\_\_\_ tanks

**Special Event Operations**

N/A

Do you offer these services?		<b># of Events</b>
Fireworks Displays	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
If yes, is display performed by <input type="checkbox"/> You or <input type="checkbox"/> Fireworks Display Company?		
If not you, do you get certificates from the fireworks display company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have fireworks displays, complete our Fireworks Supplemental Application.		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
If yes, do you get certificates from the band, stage crew, etc.?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide the liquor at these functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, do you get certificates from the caterers that work on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other subcontractors or concessionaires on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you get certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Applicant's Statement and Declarations**

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

_____	_____	Date: _____
Signature of Applicant	Title	
_____		Date: _____
Signature of Producer		

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 CLAIM 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 KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY

INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 OF THE THIRD DEGREE.

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 MAINE AND 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 TENNESSEE 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."