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 CA# 0334819

CAMPGROUND INSURANCE APPLICATION

1. **GENERAL INFORMATION**

Name of Insured (as will appear on policy): _____

Doing business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ FEIN#: _____

Person is: Owner Promoter Agent Other: _____

In Season Phone: _____ Off Season Phone: _____ Email: _____

Campground Web site: _____

2. **Name of Agency/Brokerage:** _____

Contact Person: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

3. **Insured is:** Corporation Partnership Joint Venture For Profit 501 3C Non Profit

Other (explain): _____

4. **Number of years in business:** _____ **Number of years under present management:** _____

State the location in which the organization is headquartered/chartered: _____

Member in good standing of any recognized camping organization? Yes No

If yes, name of organization _____

5. Policy period requested: From: _____ To: _____

6. Has your coverage ever been cancelled or non-renewed? Yes No If so, why: _____

7. **PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)**

| YEAR | PREVIOUS AGENT | COMPANY | LIABILITY LIMITS | PREMIUM | LOSSES |
|------|----------------|---------|------------------|---------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

8. **COVERAGE INFORMATION**

| ADDITIONAL INSUREDS | RELATIONSHIP | ADDRESS |
|---------------------|--------------|---------|
| | | |
| | | |
| | | |

9. Location of campground: _____

Location of off-premises office: _____

Is off-premises office located in a commercial building or residence? _____

10. List all other operations of the named insured, that are not a part of the resort/guest ranch/campground operations (ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.): _____

11. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? Yes No
12. Date of last board of health inspection: _____
13. Do employees, management, or caretakers, etc. live on premises year round? Yes No
 If yes, whom: _____ How many units do they occupy: _____
 If not, explain security/up keep for premises: _____

14. Are all permanent structures at the insured premises owned by the named insured? Yes No
 If no, please specify: _____
15. Do you have volunteers? Yes No
 If yes, for what position(s)? _____
16. Is there a training program for employees? Yes No
17. Is there a written Risk Management program? Yes No
18. Is there an emergency procedure program? Yes No
 If yes, describe: _____
19. Is there a medical log documenting illnesses, injuries, and/or treatments for campers? Yes No
20. Are pets allowed? Yes No
 If yes, describe rules and enforcement practices: _____
21. Are any firearms/ammunition stored or kept on site? Yes No
 If yes, please describe: _____
22. Describe cooking facilities (ie. deep fryers, grills, ovens, etc.): _____

 Is there an Ansul or similar automatic fire protection system over all cooking surfaces? Yes No
 If yes, what type and which buildings: _____
 If no, explain: _____
23. Is there a fire station (paid or volunteer) within a 5 mile radius? Yes No
 Are there fire hydrants on or near premises? Yes No
 Do all sleeping rooms have smoke detectors? Yes No
 Battery operated: _____ Hard wired: _____
 Do all sleeping rooms have carbon monoxide detectors? Yes No
 Are any buildings sprinklered? Yes No
 If so, which ones: _____
24. List any playground equipment and its condition: _____

 Is the ground covered with an appropriate surface/fall zone material? Yes No
25. Is there an on-site sewage treatment facility? Yes No If yes: Campers only General public
 How frequently is tank emptied? _____
 Where/how is sewage disposed? City/County Sewer System Drive away service contracted
 Pumped into pond, cesspool, waterway, or lagoon

26. Is liquor sold for consumption? Yes No If yes: Package sales By the drink For Carry-Out
 At what point of sale are I.D.'s checked? _____
 Is training for servers/sellers of liquor provided? Yes No
 If yes, what type: _____
 Are the proper liquor licenses obtained/displayed? Yes No
 Has applicant's alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, explain: _____
 Is liquor liability insurance requested? Yes No

27. Is LPG sold? Yes No
 Capacity of tanks: _____ lb. Are they fenced? Yes No Fence height: _____
 Who does the filling of the tanks? _____
 What training has this person had? _____
 Are tanks weighed after filling? Yes No
 Are tanks checked for leaks after filling? Yes No
 Is Certificate of Insurance from supplier on file? Yes No

28. Is gasoline sold? Yes No Self-service: Yes No
 Proper safety signs posted? Yes No

29. **EXPOSURES**

| YES | EXPOSURE TYPE | BASIS | AMOUNT | YES | EXPOSURE TYPE | BASIS | AMOUNT |
|--------------------------|---|-------|--------|--------------------------|---|-------|--------|
| <input type="checkbox"/> | Campsites (<i>Number of sites</i> _____) | \$ | _____ | <input type="checkbox"/> | Facility Rental | \$ | _____ |
| <input type="checkbox"/> | LP Gas Sales | \$ | _____ | <input type="checkbox"/> | (<i>Weddings, Corporate Events, Family Reunions, etc</i>) | | |
| <input type="checkbox"/> | Grocery/Convenience Stores | \$ | _____ | <input type="checkbox"/> | Liquor Liability | | |
| <input type="checkbox"/> | Cabin Rentals <i># of cabins</i> _____ | \$ | _____ | <input type="checkbox"/> | Package Sales | \$ | _____ |
| <input type="checkbox"/> | Hotels/Motels <i># of rooms</i> _____ | \$ | _____ | <input type="checkbox"/> | Restaurant | \$ | _____ |
| <input type="checkbox"/> | Restaurant | \$ | _____ | <input type="checkbox"/> | Other | \$ | _____ |
| <input type="checkbox"/> | Spa | \$ | _____ | <input type="checkbox"/> | Off-Season Storage of Personal Trailers, Boats, etc. | \$ | _____ |
| <input type="checkbox"/> | Gasoline Sales <i># of gallons</i> _____ | | | | (<i>Must provide copy of the storage agreement</i>) | | |
| <input type="checkbox"/> | <input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service | | | | | | |

30. **ACTIVITIES**

Are any of the following activities provided by the camp (*Additional underwriting information may be required*)?

| YES | EXPOSURE TYPE | BASIS | AMOUNT | YES | EXPOSURE TYPE | BASIS | AMOUNT |
|--------------------------|---|-------|--------|--------------------------|---|-------|--------|
| <input type="checkbox"/> | ATV/Snowmobile/Dirt Bike Rental (<i>Supplemental Required</i>) | \$ | _____ | <input type="checkbox"/> | Inflatables (<i>Bounce House, etc</i>) | # | _____ |
| <input type="checkbox"/> | Amusement Rides | \$ | _____ | <input type="checkbox"/> | Lazy River | \$ | _____ |
| <input type="checkbox"/> | Arcade | \$ | _____ | <input type="checkbox"/> | Miniature Golf | \$ | _____ |
| <input type="checkbox"/> | Archery Ranges | # | _____ | <input type="checkbox"/> | Paintball <i># of fields</i> _____ | | |
| <input type="checkbox"/> | Bicycle Rental | \$ | _____ | <input type="checkbox"/> | (<i>Supplemental Required</i>) | | |
| <input type="checkbox"/> | Boat Rental (<i>LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats</i>) | # | _____ | <input type="checkbox"/> | Petting Zoo | \$ | _____ |
| <input type="checkbox"/> | Boat Rental (<i>MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft</i>) | # | _____ | <input type="checkbox"/> | Picnic Grounds | \$ | _____ |
| <input type="checkbox"/> | Cross Country Skiing | \$ | _____ | <input type="checkbox"/> | Rifle Ranges | # | _____ |
| <input type="checkbox"/> | Driving Range (<i>Golf</i>) | \$ | _____ | <input type="checkbox"/> | Rock Climbing / Rappelling | \$ | _____ |
| <input type="checkbox"/> | Fireworks <i># of shows</i> _____ | | | <input type="checkbox"/> | Ropes Course / Climbing Wall (<i>#</i> _____) | \$ | _____ |
| <input type="checkbox"/> | (<i>Supplemental Required</i>) | | | <input type="checkbox"/> | Saddle Animals (<i>#</i> _____) | \$ | _____ |
| <input type="checkbox"/> | Golf Course | \$ | _____ | <input type="checkbox"/> | Sauna / Hot tubs | # | _____ |
| <input type="checkbox"/> | (<i>Supplemental Required</i>) | | | <input type="checkbox"/> | Servicing of RV's/Trailers/Boats, including winterizing | \$ | _____ |
| <input type="checkbox"/> | Golf Cart Rental (<i># of Golf Carts</i> _____) | \$ | _____ | <input type="checkbox"/> | Skeet/Trap Shooting | \$ | _____ |
| <input type="checkbox"/> | Go Karts (<i># of Karts</i> _____) | \$ | _____ | <input type="checkbox"/> | Trampolines / Jumping Pillows (<i>Supplemental Required</i>) | # | _____ |
| <input type="checkbox"/> | (<i>Supplemental Required</i>) | | | <input type="checkbox"/> | Bungee Trampolines | # | _____ |
| <input type="checkbox"/> | Guided Hunting / Fishing | \$ | _____ | <input type="checkbox"/> | Tubing | \$ | _____ |
| <input type="checkbox"/> | (<i>Supplemental Required</i>) | | | <input type="checkbox"/> | Waterslides over 15 feet in height | # | _____ |
| <input type="checkbox"/> | Hayrides | \$ | _____ | <input type="checkbox"/> | Water Trampolines (<i>Blob, Iceberg, etc.</i>) | # | _____ |
| | | | | <input type="checkbox"/> | Zipline (<i>#</i> _____) | \$ | _____ |
| | | | | <input type="checkbox"/> | Other: _____ | | |

31. Does insured have a safety plan for all activities checked? *(If yes, attach copy)* Yes No

32. Does insured contract with others for program services for any of these activities? Yes No

If yes, please explain: _____

Are certificates of insurance provided *(If yes, attach sample)*? Yes No

Are any contracts signed with these groups *(If yes, attach copies)*? Yes No

33. Do any activities take place off the campground premises? Yes No

If yes, please explain, including explanation of transportation: _____

34. **WEDDING/CORPORATE EVENT/FAMILY REUNION/RENTALS** N/A

Is facility leased to outside entities *(e.g. conferences, retreats, reunions, weddings, etc.)*? Yes No

If yes, are certificates of insurance naming your entity as an additional insured required? Yes No

Are limits of \$1,000,000 required? Yes No

If no, explain: _____

Are contracts/agreements signed with these entities *(If yes, attach sample)*? Yes No

Gross receipts from leased periods: \$ _____

During leased periods, does management or any other employees remain on the premises? Yes No

If yes, please explain: _____

Do activities take place during leased period that do not take place during usual operations? Yes No

If yes, please explain: _____

Do you sell or furnish liquor during leased periods? Yes No

If yes, please complete the Liquor Liability Application.

35. **IF INSURED UTILIZES A POOL:** N/A

Total number of pools: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is it fenced? Yes No Height: _____

Are depth markings clearly visible in and around the pool? Yes No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Are rules posted at the pool area? Yes No

Is proper signage in place indicating no diving,
no lifeguard on duty, etc? Yes No

Any nighttime swimming allowed? Yes No

If yes, is pool lighted? Yes No

Does your pool(s) meet the requirements of the Title XIV of
Public Law 110-140, known as the "Virginia Graeme Baker
Pool and Spa Safety Act" as enacted on 12-18-08? Yes No

If no, explain: _____

IF INSURED UTILIZES A LAKE, POND OR RIVER: N/A

Total number of lakes, ponds or rivers: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is swim area roped off? Yes No

Is signage posted clearly stating the depth of water, no diving, no lifeguard on
duty, the rules for the lake/pond, etc.? Yes No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Rescue vehicle available? Yes No

Any nighttime swimming allowed? Yes No

If yes, describe lighting: _____

36. **WATERSLIDE** N/A

Number of waterslides over 15 feet in height: _____

Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No

What is the height of each slide? _____

What is the length of each slide? _____

Is the slide maintained by a qualified maintenance person? Yes No

Is head first sliding allowed? Yes No

Are there signs posted to instruct patrons on proper behavior and riding techniques? Yes No

If yes, where: _____

37. **INFLATABLE ELEMENTS** N/A (ie: moonbounce, water trampoline, iceberg, blob, jumping pillow, etc...)

Type of inflatable (official name): _____

Are inflatables: Owned Leased/Rented

Are inflatables: Kept on premises Taken off premises Both

Are all employees/lifeguards trained in the operation rules of the inflatable element usage? Yes No

Are rules posted for all users? Yes No

How will the unit(s) be protected from unauthorized use? _____

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) _____

Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.) Yes No

If yes, please explain: _____

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? Yes No

38. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY** N/A

Are the element(s) maintained at all times (when in use) in at least 10' of water? Yes No

Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Yes No

Will diving off any of the element(s) be permitted? Yes No

Are lifejackets required? Yes No

Are the units permanently anchored in the lake/body of water? Yes No

Will any element(s) be pulled by a motorboat? Yes No

Is proper signage in place indicating no diving, swim at your own risk, etc? Yes No

Softplay/Wibits - require photos of each element (include with submission) and describe each element: _____

39. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING** N/A

If your camp provides any of the following activities, please **list the NUMBER of boats in each category** below:

| | |
|---|---|
| _____ Canoes, Rowboats, Kayaks, Paddleboats, SUPs | _____ Motorboats under 76 HP |
| _____ Sailboats | _____ Motorboats over 76 HP |
| _____ Personal Watercraft (e.g. Jet Skis, Waverunners, etc.) | _____ Are any boats over 21' in length? |

Explain uses for powered boats and personal watercraft: _____

Are watercraft rented or provided by you to customers? Yes No

Is operation supervised? Yes No

Are all boats accounted for at all times? Yes No

Type, age and length of boats: _____

Any boats rented with motors? Yes No
Type and size of motors: _____
Maintenance procedures for boats and motors: _____

Condition of dock: _____
Life jackets provided? Yes No Renters required to wear? Yes No
Boats rented to persons under 21 years of age? Yes No
Boats allowed to stay out after sunset? Yes No
Number of persons allowed in each boat: _____
Are renters required to sign waiver form? Yes No
Is there a marina exposure? Yes No
Are boats and motors repaired for others? Yes No

40. **WHITEWATER** N/A
What type: Raft Kayak Canoe Tube
Instructors qualifications or outfitter used: _____
If outfitter, do you obtain certificate of insurance? Yes No
Are you named as Additional Insured on guide's insurance? Yes No
Completely describe any "whitewater" exposures: _____

41. **SADDLE ANIMALS** N/A
Number owned or leased: _____ Used at outside stable: _____
If subcontracted, are certificates of insurance naming facility as additional insured required? Yes No
Are limits of \$1,000,000 required? Yes No
If no, explain: _____
Are waivers signed by all riders? (If yes, please attach copy) Yes No
Are riders under age 18 required to wear helmets? Yes No
Are adult riders required to wear a helmet? Yes No
If no, is a signed rejection required? Yes No
Are riders required to wear shoes or boots with heels? Yes No
Do you prescreen guest riders and determine ability prior to riding? Yes No
Does an employee/guide lead or accompany all riders? Yes No
Do guides carry with them any communication device (2 way radio, cellphone, etc.)? Yes No
Do you conduct a pre-ride safety briefing with guest riders? Yes No
Are riders allowed in the stable/barn area without supervision? Yes No

42. **GOLF CARTS** N/A
Do you rent golf carts? Yes No
If yes, are procedures in place to regularly inspect the units for mechanical condition? Yes No
Are renters trained in the proper operation of the units? Yes No
Are golf carts rented to licensed drivers only? Yes No
Are waivers signed? (*If yes, attach copy*) Yes No
Are guests allowed to bring their own golf carts on premises? Yes No
If so, is there a registration process at the facility? Yes No
Does the facility verify the owner has liability insurance in place for the golf cart? Yes No

43. **DAYCARE / BABYSITTING / DAY CAMP** N/A

Do you offer: Daycare Yes No
Babysitting Yes No
Day camp Yes No

What is the age range of children in your care? Minimum: _____ Maximum: _____

Maximum length of stay in your care: _____

Ratio of adult staff/attendants to children at any given time: _____

Are any of the daycare/babysitting/day camp staff CPR and/or first aid trained? Yes No

Are parents allowed to leave the facility while children are in your care? Yes No

Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

44. **SPA / FITNESS CENTER** N/A

List of what spa treatments are offered or attach menu (e.g. deep tissue massage, hot rock massage, acupuncture, microdermabrasion etc.):

List what fitness equipment/activities are offered or attach menu (e.g. circuit training, cardio equipment, free-weights, etc.):

Are spa/fitness center services operated by employees or subcontracted? _____

If subcontracted, is certificate of insurance obtained naming your business as additional insured? Yes No

What certifications are required from the employees/sub-contractors? _____

Does your state require you to have available an automated external defibrillator (AED) with trained staff available during open hours? Yes No

Is there a sauna or steam room? Yes No

If yes, is the unit monitored for usage during open hours? Yes No

Are rules posted regarding proper use and safety precautions? Yes No

Are all manufacturer recommendations followed for sauna/steamroom usage? Yes No

Are there any sun tanning units? Yes No

If yes, are warnings posted and photosensitizing medication near the tanning area? Yes No

Are protective goggles required to be worn? Yes No

How is timing controlled and by whom? _____

Are the tanning shields cleaned/disinfected after each use? Yes No

Is a release/hold harmless received from guests who utilize the spa/fitness center? Yes No

45. **ARCHERY** N/A

Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets? Yes No

Are there clearly delineated rear and side safety buffers? Yes No

Are there clearly defined shooting lines/lanes? Yes No

Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets? Yes No

Are bows and arrows locked up when not in use? Yes No

Explain any 'no' answers: _____

46. **RIFLE/PELLET/AIR GUN** N/A

Does campground require redundant storage of all firearms & ammunition, including requiring locations or access systems? Yes No

Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? Yes No

Are there clearly delineated rear and side safety buffers? Yes No

Are there clearly defined firing lines/lanes? Yes No

Do riflery activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets? Yes No

Are firearms insured owned or guest owned? _____

Provide details of safety & storage protocols in place for both _____

What caliber guns are permitted to be used (**note: automatic and/or high power not allowed**)? _____

Explain any 'no' answers: _____

|||||| PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION ||||||

- A.** Campground brochure/literature defining activities (if no website).
- B.** Schedule of events/activities or calendar of season (if no website).
- C.** Company copies of loss history for last five (5) years.
- D.** Diagram, map or photos of facility including any natural or man-made hazards (if no website).
- E.** Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.
- F.** Brief resume of management personnel (required when ownership, operation or management has changed within the past 12 months).

- G.** Copy of waiver & release form used for boating, horseback riding, etc. as applicable.
- H.** Appropriate Questionnaire/Supplemental when insured has any of the following: ATV/Snowmobile/Dirt Bikes; Fireworks; Golf Course/Herbicide/Pesticide/Pool; Go Karts; Guided Hunting/Fishing; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines.
- I.** Workers Compensation Supplemental (if coverage is to be quoted)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)