



CAMPGROUND SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

1. GENERAL INFORMATION

- a. Number of years in this type of business: _____
- b. Number of years this business has been in operation: _____
- c. What is the condition of the campsites and of the sanitary facilities? _____
- d. Are buildings located near trees that may fall? Yes No
- e. Are the buildings or hook up stations grounded properly? Yes No
- f. Are propane tanks filled and serviced on the premises? Yes No
- g. Is propane or other fuel stored safely away from combustibles? Yes No
- h. Is a trailer repair or storage operation conducted? Yes No
- i. Is the campground vacant or unoccupied for more than 60 days of the year? Yes No
- j. Vacant days per week _____
- k. Vacant weeks per year _____

2. GENERAL LIABILITY INFORMATION

- a. Do campgrounds provide any lakes for boating or fishing? Yes No
- b. Does the insured provide rental of any boats or canoes used by the campers? Yes No
- c. Does the insured provide hook ups for gas and water to RV's? Yes No
- d. Does the insured provide saddle animals to be used on hiking trips? Yes No
- e. Any fireworks displays provided on certain holidays? Yes No
If yes, provide details (to include safety information) _____
- f. Are there any restaurants or retail stores on the grounds? Yes No
If yes, provide type and gross annual sales (also include fire safety equipment) _____
- g. Any clubhouses or other enclosed areas of entertainment? Yes No
If yes, provide details and area in sq. footage: _____
- h. Does the insured provide any other services that are not listed here? Yes No
If yes, provide details _____

- i. Are there any swimming pools? Yes No
- 1. If so, do they provide proper protection? Yes No
- 2. Self locking gates? Yes No
- 3. Are lifeguards on duty? Yes No
- 4. Are there any diving boards or slides? Yes No
- 5. If yes, how many feet up from the pool? _____
- 6. Are life safety equipment (hook/flotation devise) and signs present? Yes No
- 7. Anyone under the age of 16 allowed to swim unsupervised? Yes No

PROPERTY COVERAGE INFORMATION

- a. Are all buildings sprinkler protected? Yes No
- b. Provide % (sq. ft) of buildings sprinkler protected _____
- c. Only common areas of buildings sprinkler protected? Yes No
- d. Smoke Detectors in each building? Yes No
- e. Smoke detectors are located in Hall leading to bedroom Kitchen Common area
- f. Are smoke detectors Hardwired Battery
- g. How many fire extinguishers in each building? _____
- h. Are they serviced & tagged in the past 12 months? Yes No
- i. Are employees trained on how to use them? Yes No
- j. Type of wiring Copper Aluminum Pigtailed
- k. Type of roofing Wood shake/shingle Asphalt Composite
- l. Does the owner and/or manager live on premises? Yes No
- m. Distance of campground buildings from each other? _____
- n. Number of buildings: _____ Distance of buildings from the campsites? _____
- o. Distance of campground from responding fire station _____ miles Fire Hydrant _____ feet
- p. What fire prevention rules does the campground enforce? _____
- q. Are the campers made aware of them? Yes No
- r. What controls are employed? _____
- s. Are campers restricted to building fires only in fire-pits or grills? Yes No
- t. Are trash receptacles provided? Yes No
- u. Are the campsites patrolled adequately for trash control? Yes No
- v. How frequently is trash receptacles emptied? _____ How is trash disposed of? _____

3. SECURITY INFORMATION

- a. Is Security Provided? Yes No
- b. How many days per week? _____ Hours Security Provided? _____
- c. Type of security provided: Patrolled Gated Access Alarm System
- d. Is Security: Armed Unarmed Employee Independent/Contracted
- e. If independent/contracted, are they required to provide certificate of ins? Yes No
- f. Does the campground have security gates? Yes No
- g. Is the entire campground complex gated? Yes No
- h. If so, how is access obtained and who is given access? _____
- i. If alarm systems are provided, please provide the following:
 - 1. Central station fire alarm? Yes No Central station burglary alarm? Yes No
 - 2. Are alarm systems in every building? Yes No
 - 3. Who monitors the alarms? _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____



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