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 K&K Insurance Brokers, Inc. Canada

CAMPGROUND APPLICATION

1. Policy period required from: _____ to _____
(Year) (Year)

INSURED

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

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

4. Name of Camp: _____

Contact Person: _____

Campground Season Phone: (_____) _____
 Off-Season Phone: (_____) _____ Campground Fax: (_____) _____

5. Number of years in business: _____ Number of years under present management: _____

6. a) Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Campground (if different than mailing):

(Number) (Street) (City) (Prov.) (Postal Code)

Web Address: _____

7. Doing Business As: _____

8. Name, Address and Description of Operations of all Subsidiary Companies:

BROKER

9. Name of Agent/Brokerage: _____

10. Contact Person: _____

11. Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: (_____) _____ Fax Number: (_____) _____
 E-mail Address: _____

GENERAL INFORMATION

12. Location of Campground: _____
 Location of Camp Activities: _____

23. Is there a medical log documenting illnesses, injuries, and/or treatments for campers? Yes No

24. Are pets allowed? Yes No

25. Describe rules and enforcement practices: _____

26. Are any firearms/ammunition stored or kept on site? Yes No

If yes, please describe: _____

27. Are currently inspected fire extinguishers available on site? Yes No

28. Do all sleeping rooms have smoke detectors? Yes No

29. <u>TYPE OF EXPOSURE</u>	<u>YES</u>	<u>NO</u>	<u>BASIS</u>	<u>RECEIPTS*</u>
Camper Sites/Campground Receipts	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Hotels/Motels/Cabins	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Store	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Concession/Restaurant Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Liquor Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LP Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	(L) _____	_____
Boat/Canoe Rentals	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Bike Rentals	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Horses (Saddle Animals)	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Tours	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Skating (Ice/Roller)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skiing (Snow/Water)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mountain/Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Go Karts	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Miniature Golf	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Driving Range	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Water Rides/Slides	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Batting Cages	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____

Pool	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Sauna/Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Swimming Lake or Beach	<input type="checkbox"/>	<input type="checkbox"/>	(#) _____	_____
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Picnic Grounds				
Other Rentals (Please specify):				
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

* Do not include receipts of one exposure in with another exposure.

PART D: SITE INFORMATION

30. List any playground equipment and year constructed: _____

31. Is the ground covered with an appropriate surface cover? Yes No

32. Is there an on-site sewage treatment facility? Yes No
 If yes, used for: Campers only General public

33. How frequently is tank emptied? _____

34. Where/how is sewage disposed of? City/Municipal Sewer System Drive-away service contracted
 Pumped into pond, cesspool, waterway, or lagoon

35. How often is trash disposed of? _____

36. Is liquor sold for consumption? Yes No
 If yes: By the drink For Carry-Out

37. Are the proper liquor licences obtained/displayed? Yes No

38. Is training for servers/sellers of liquor provided? Yes No
 If yes, what type: _____

39. Is liquor liability insurance requested? Yes No

40. Is LPG sold? Yes No
 If yes, to: Campers General public

41. Capacity of tanks: _____ L Are they fenced? Yes No Fence height: _____

42. Who does the filling of the tanks? _____

43. What training has this person had? _____

44. Are tanks weighed after filling? Yes No

45. Are tanks checked for leaks after filling? Yes No

46. Is Certificate of Insurance from supplier on file? Yes No

47. Is gasoline sold? Yes No
 If yes, is it self-service? Yes No
48. Are proper safety signs posted? Yes No
49. Are watercraft rented or provided by you to customers? Yes No
50. Is operation supervised? Yes No
51. Are all boats accounted for at all times? Yes No
52. Type, age and length of boats: _____

53. Are any boats rented with motors? Yes No
54. Type and size of motors: _____

55. Maintenance procedures for boats and motors: _____

56. Condition of dock: _____
57. Are life jackets provided? Yes No
 If yes, are renters required to wear them? Yes No
58. Minimum age of boat renter: _____
59. Are boats allowed to stay out after sunset? Yes No
60. Number of persons allowed in each boat: _____
61. Are renters required to sign waiver form? Yes No
62. Do you operate a marina? Yes No
63. Are boats and motors repaired for others? Yes No
64. How many saddled animals are provided? _____ Rented? _____
65. Are waivers signed by all riders? Yes No
66. Are riders required to wear helmets? Yes No
67. Are riders required to wear shoes or boots with heels? Yes No
68. Does an employee lead or accompany all riders? Yes No
69. Are riders allowed in the stable/barn area without supervision? Yes No
70. If campground utilizes a pool:
- Used by: Campers Only General Public
- Is there an admission charge? Yes No
- Maximum depth of swimming area: _____
- Is it fenced? Yes No
- If yes, what is the height of the fence? _____
- Is there a self-locking, self-closing gate? Yes No

- Is gate secured with a lock when pool not open? Yes No
- Are depth markings clearly visible on side and walking surfaces of pool? Yes No
- Number of diving boards: _____ Height(s): _____
- Depth of water at divers entry? _____
- Number of waterslides/blobs etc.: _____
- Describe any waterslides/blobs: _____
- Is a lifeguard provided? Yes No
- Are rules posted at the pool area? Yes No
- Is nighttime swimming allowed? Yes No
- Is there lifesaving equipment at the pool area? Yes No

71. If campground utilizes a lake, pond or river:

- Used by Campers Only General Public
- Is signage posted clearly stating the depth of water and the rules for the lake/pond? Yes No
- Is there a beach? Yes No
- Is admission charged? Yes No
- Maximum depth of swimming area: _____
- Number of diving boards: _____ Height(s): _____
- Depth of water in diving area: _____
- Number of waterslides/blobs etc.: _____
- Describe any waterslides/blobs etc.: _____
- Are there tree swings, bridges, etc.? Yes No
- Is a lifeguard provided? Yes No
- Is a rescue vehicle available? Yes No
- Is there lifesaving equipment at the area? Yes No
- Is nighttime swimming allowed? Yes No
- Is any special protection given and/or special supervision utilized to prevent unauthorized use? Yes No

72. Are there other bodies of water on premises (not just those normally utilized)? Yes No

If yes, are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? Yes No

73. **Limits of Liability required:**

Commercial General Liability

Each Occurrence Limit \$ _____

Products - Completed Operations Aggregate Limit \$ _____

Personal Injury Limit \$ _____

Tenants Legal Liability Limit \$ _____

Medical Expense Limit - Per Occurrence/Per Person \$ _____

Non-Owned Automobile Limit - Liability \$ _____

- Physical Damage \$ _____

Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

74. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

75. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

76. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

77. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

78. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

79. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No
If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No
If yes (i) How often per year? _____ (per year)
(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No
If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

80. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

81. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

82. Please provide deductible or self-insured retention amounts for each year noted in question 81.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

83. Please attach a copy of the Insured's most recent audited financial statement.

84. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

85. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

86. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

87. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

PART E: REQUIRED UNDERWRITING INFORMATION

Please enclose the following items along with this business information form:

1. one-year Statement of Income
2. campground brochure (if available) or other descriptive information
3. diagram of the premises
4. five-year (including current year) loss information
5. copy of waiver(s) used for boating, saddle animals, etc.

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____