



CAMPGROUND APPLICATION / TRAILER PARK

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant** (and all Subsidiaries):

2. **Mailing Address:**

Website Address:

Campground Location:

Other Locations:

3. How long has applicant been in business under the above name?

4. Describe prior experience in this business under another name:

5. Is applicant a member in good standing of any recognized organization?
Please describe:

Yes No

6. Total payroll:

No. of Employees:

Are all employees covered under WSIB?
If No, please list numbers by job description and estimated payroll:

Yes No

7. Please list total receipts from all operations: _____

Please list total payments to independent contractor or subcontractors included in above operations:

8. How many camper spaces are there? _____

How many trailer sites? _____

Hydro hook ups provided? Yes No

Sanitary hook ups or pump out facilities? Yes No
If Yes, please describe:

9. Is drinking water supplied? Yes No
If Yes, please describe:

Where does supply come from? _____

Is it treated by you? Yes No
If Yes, please describe:

Who tests the water and how often is it tested? _____

Is there any emergency plan if water is found to be contaminated in any way?

10. Describe work performed for Insured by independent contractors or sub-contractors, if any:

Is evidence of liability insurance required from all independent or sub-contractors?
 If No, please explain:

Yes No

If Yes, please advise what limits they are required to provide: _____

11. Please indicate whether or not the following facilities are provided and indicate the percentage of receipts where applicable:

Type of Exposure	%	Type of Exposure	%
<input type="checkbox"/> Amusement Rides	_____	<input type="checkbox"/> Hotels/Motels/Cabins	_____
<input type="checkbox"/> Batting Cages	_____	<input type="checkbox"/> Liquor Receipts	_____
<input type="checkbox"/> Bike Rentals	_____	<input type="checkbox"/> LP Sales	_____
<input type="checkbox"/> Boat/Canoe Rentals	_____	<input type="checkbox"/> Miniature Golf	_____
<input type="checkbox"/> Camper Sites/Campground Receipts	_____	<input type="checkbox"/> Mountain Rock Climbing	_____
<input type="checkbox"/> Children's Playground	_____	<input type="checkbox"/> Picnic Grounds	_____
<input type="checkbox"/> Concession/Restaurant Receipts	_____	<input type="checkbox"/> Pool	_____
<input type="checkbox"/> Daycare	_____	<input type="checkbox"/> Sauna/Hot Tub	_____
<input type="checkbox"/> Driving Range	_____	<input type="checkbox"/> Scuba Diving	_____
<input type="checkbox"/> Gasoline Sales	_____	<input type="checkbox"/> Skiing (Snow/Water)	_____
<input type="checkbox"/> Go Karts	_____	<input type="checkbox"/> Store	_____
<input type="checkbox"/> Golf Course	_____	<input type="checkbox"/> Swimming Lake or Beach	_____
<input type="checkbox"/> Hay Rides	_____	<input type="checkbox"/> Tours	_____
<input type="checkbox"/> Horses (Saddle Animals)	_____	<input type="checkbox"/> Water Rides/Slides	_____
<input type="checkbox"/> Other(s) - Please Specify:	_____		_____

Is there a training program for all employees?
 If Yes, please describe:

Yes No

Is there an emergency procedure program in place?
If Yes, please describe:

Yes No

Are all accidents and/or injuries required to be reported and documented?

Yes No

Do all premises fully comply with fire and safety regulations including use of smoke detectors and location of fire extinguishing equipment?

Yes No

Number, type and length of boats rented: _____

Type and size (H.P.) of motors: _____

Life jackets and all safety equipment provided and mandatory?
If No, please explain:

Yes No

Any watercraft fuelling or repair facilities? Please describe:

Any pools or swimming areas provided? Please describe:

Safeguards, lifeguards, fencing, signs? Please provide details:

Any diving boards, rafts or other items in areas? _____

Maximum depth of water: _____

If there are playgrounds, please provide list of equipment and type of surface they are set up on.
Photographs should also be supplied.

Is the playground supervised?
If Yes, please describe:

Yes No

If alcoholic beverages are served, are the servers trained?
If Yes, please provide details:

Yes No

Is LPG sold? Yes No Capacity of tanks _____ Fenced Yes No Height _____

Who fills tanks? _____

What training has been given? _____

Are tanks weighed and checked after filling? Yes No

If Go Karts are used, please provide separate details for numbers, maximum speed, safety equipment, track supervision and safety provisions, rules posted, etc.:

If there are any water slides or other types of water amusements, please provide photographs, details of height, supervision and operations on a separate sheet.

12. **Contractual Liability**

Please give nature and provide copies of any agreements whereby liability is assumed.

13. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

14. Does applicant presently carry insurance? Yes No
If Yes, who is the present insurer:

Premium: \$ _____ Limit: \$ _____

Is the present insurance Claims Made? Yes No
If Yes, state retro date: _____

Are they willing to renew? Yes No
If No, please explain:

Does the policy cover all operations of the Insured? Yes No
If No, please describe:

15. Claims History

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No
 If Yes, give details:

16. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time _____ Part Time _____

Nurses: _____ Full Time _____ Part Time _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

17. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**