



RV PARKS AND CAMPGROUNDS APPLICATION

P.O. Box 5670 Cortland, NY 13045 Phone: (800) 822-3747 Fax: (607) 756-5051 Email: applications@mcneilandcompany.com

GENERAL INFORMATION

Date of survey: Renewal Date: Date proposal needed: Legal Name of Organization: Mailing Address: Location Address: Telephone: E-Mail Address: Contact Name: Contact Title:

INSURANCE AGENT INFORMATION

Agent's Name: Name of Agency: Address: Agency telephone: Agency e-mail address: Do you currently write this account? If yes, for how long? Carrier Name? Is the account Sub-Brokered? If yes, please indicate Agency Name?

BUSINESS INFORMATION

Description of organization (please check only one): Campground (Tents only) RV Park & Campground Youth Camp Cabins/Lodge/Modular Units Other Description of organization: Sole Proprietorship Partnership Corporation Other Years in operation under current ownership: (Minimum Requirement: 4 Years in Operation) Is your business currently up for sale? Has your business filed for bankruptcy and/or been in receivership within the last 3 years? Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (N/A in Missouri) If yes, please provide dates, coverage and explanation: Are you a member of any state or regional association or franchise?

## CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate     \$500,000/\$1 million     \$1 million/\$2 million     \$1 million/\$3 million  
Employee Benefits Liability\*\*     \$500,000/\$1 million     \$1 million/\$2 million     \$1 million/\$3 million  
(claims made only)    Retroactive Date: \_\_\_\_\_

\*\*Employee Benefits Liability not available in MT, NY and TX

## Hired & Non-Owned Liability

N/A

If auto coverage is not desired and the Insured require hired & non-owned liability coverage, please complete the below questions:

Does the Insured have any business owned autos?     Yes     No  
Do any of the employees utilize their own vehicles to transport patrons?     Yes     No  
Who uses their own vehicle for business and for what purpose? \_\_\_\_\_

Does the insured verifying the coverage (via a copy of personal declarations page) on the non-owned vehicles?     Yes     No  
Do they require that certain limits be carried on the PAP?     Yes     No

## OPERATIONS

Is your business open year round?     Yes     No  
Do you have 3rd party owned units (park models/modulars) occupied by tenants longer than 6 months annually?     Yes     No  
If yes, what is the percentage of total receipts:    \_\_\_\_\_%

Total number of sites occupied by 3rd party owned units?    \_\_\_\_\_

Does the owner or a manager live on the premise year round?     Yes     No  
If yes, is there separate homeowners or tenants coverage in place?     Yes     No  
If no, please complete the **Personal Liability Supplement**.

Do you allow your guests to bring pets?     Yes     No  
Is there a formal maintenance program for the grounds and public traffic areas including tree maintenance?     Yes     No  
If yes, please describe: \_\_\_\_\_

Do you own, maintain, operate or use any airfields, runways, hangars, buildings or other properties used in connection with aviation activities or airports?     Yes     No

Do you sell alcohol?     Yes     No  
If yes, please complete and attach the **Liquor Supplement**.

Is alcohol consumption allowed before or during any activities?     Yes     No  
Is your premise open to the general public for day use other than camping?     Yes     No

If yes, for what type activities? \_\_\_\_\_

What percentage of revenue from activities is generated from non-lodging patrons?    \_\_\_\_\_%

Total number of guests utilizing guided activities: \_\_\_\_\_

Maximum duration of guided activities: \_\_\_\_\_















