

1. Policy period required from: _____ to _____

INSURED

2. Named Insured as it is to 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: _____

City: _____ Province: _____ Postal Code: _____

B) Campground Address (If different than Mailing Address): _____

City: _____ Province: _____ Postal Code: _____

Website 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: _____

Phone: (____) _____ FAX: (____) _____ Email: _____

GENERAL INFORMATION

12. Location of Campground: _____

Location of Camp Activities: _____

13. Check one that describes camp: ☐ Clinic ☐ Day Camp ☐ Overnight Camp

14. List All Sessions and Dates

Type of Sport

Number of Participants

Number of Days

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Use additional sheet if necessary.

Please note: We must be notified of any date changes prior to the first day of the camp. (If you need to add additional dates after submission, you must complete a new form.)

PART B: GENERAL INFORMATION

15. Number of Years in Business: _____ Number of Years Under Present Management: _____ Age of Campground: _____

16. Is Campground a member in good standing of any recognized camping organization? ☐ Yes ☐ No

17	Additional Insureds	Relationship	Address
	<i>As they are to appear on the policy (MUST be approved by K&K)</i>		

PART C: GENERAL LIABILITY

18. List any special activities or events to be held in the coming year: _____

19. List any new activities/services or recreational facilities being planned for the campground:

20. Is there a training program for employees? ☐ Yes ☐ No
21. Is there a written Risk Management program? ☐ Yes ☐ No
22. Is there an emergency procedure program for the campground? ☐ Yes ☐ No
- If yes, please describe: _____
- _____
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. TYPE OF EXPOSURE	YES	NO	BASIS	RECEIPTS
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	<input type="checkbox"/>	<input type="checkbox"/>		
Other Rentals (Please specify):				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Please specify):				
	<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**

A. Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? ☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____ SUBLET \$ _____

If yes, 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, in whole or part, 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 give details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No
If yes, (i) How often 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 the previous question.

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: _____