

EVERGREEN USA - Risk Retention



LIABILITY APPLICATION FOR CAMPGROUNDS AND RV PARKS

Name of Contact Person		Telephone - Work ()
Name of Campground/RV Park (Complete Legal Name)		Telephone - Home ()
		Fax ()
Mailing Address		e-mail
City	State	Zip Code
Location of Campground/RV Park		County
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other; explain _____ _____		
Signature of person completing this application		Date

INCLUDE WITH THIS APPLICATION	1. A copy of your campground brochure or other information on your campground. 2. A copy of your present insurance policy (this is not necessary but would be extremely helpful in comparing your current coverage with the proposed coverage).
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Comments

For Office Use Only	SA	UW	Date
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Services Provided By: International Insurance Services, Inc., P.O. Box 61, 655 Main Street, Lewiston, ME 04243-0061

GENERAL LIABILITY COVERAGE

Check and complete the amenities that are applicable to your business.

Limit of Liability:

() \$500,000 () \$1,000,000 () \$2,000,000 ()
\$3,000,000 () \$4,000,000 () \$5,000,000

What is your operating season? () Annual

() Seasonal From To

() R.V./Trailer/Tent Sites	Number of Sites	\$	Receipts
() Mobile Home Sites	Number of Sites	\$	Receipts
() Cabins/Motel Rooms/Rental Units	Number of Units	\$	Receipts
() Dwellings - Rented To Others	Number of Dwellings	\$	Receipts
() Commercial Buildings - Leased To Others	Area - Square Feet	\$	Receipts
() Vacant Land	Number of Acres		Location
() Store	Area - Square Feet	\$	Receipts
() Snack Bar	Area - Square Feet	\$	Receipts
() Restaurant	Area - Square Feet	\$	Receipts
() Gasoline Pumps	Number of Pumps	\$	Receipts
(LP Gas)	Filling and Resale ()	\$	Receipts
	Exchange Program ()	\$	Receipts
() Laundry	Number of Washers Dryers	\$	Receipts
(Golf)	Mini Golf	\$	Receipts
	Golf Course () 9 Hole () 18 Hole	\$	Receipts
	Golf Cart Rental - Number	\$	Receipts
() Bicycle Rentals	Number	\$	Receipts

() Paint Ball	Receipts \$
() Archery Range	Receipts \$
() Rifle Range	Receipts \$
() Motorized Rides (Go Karts, Carousel, Etc.) ; Explain	Receipts \$
() Fireworks Display	Number of Displays
() Horseback Riding or Saddle Animals	Number of Saddle Animals
() Ponies or Pony Rides	Number of Ponies

WATER SPORTS COVERAGE Check and complete the exposures that are applicable to your business.	
Watercraft Rental <input type="checkbox"/> Boats <input type="checkbox"/> Canoes <input type="checkbox"/> Jet Skis <input type="checkbox"/> Kayaks <input type="checkbox"/> Paddle Boats <input type="checkbox"/> Rafts <input type="checkbox"/> Sailboards <input type="checkbox"/> Sailboats <input type="checkbox"/> Tubes <input type="checkbox"/> Other; _____	
Watercraft Rental <input type="checkbox"/> WITHOUT MOTORS Number _____ If watercraft is used on a river, what is the river's classification? <div style="text-align: center;"> </div> <input type="checkbox"/> Boat slips Number _____ <input type="checkbox"/> Water-skiing operation, including the rental of equipment. Receipts \$_____	Watercraft Rental WITH MOTORS <input type="checkbox"/> 20 H.P. or less Number _____ <input type="checkbox"/> 21 H.P. - 35 H.P. Number _____ <input type="checkbox"/> 36 H.P. - 50 H.P. Number _____ <input type="checkbox"/> 51 H.P. - 75 H.P. * Number _____ <input type="checkbox"/> 76 H.P. - 100 H.P. * Number _____ <input type="checkbox"/> Over 100 H.P. * Number _____ * Explain Usage _____ <input type="checkbox"/> Jet Skis Number _____

Swimming - What is your swimming season? () Annual <div style="text-align: center;"> <input type="checkbox"/> Seasonal: From To </div>	
<u>Type of water frontage</u> <u>How many</u> <u>are used for</u> <u>swimming?</u>	<u>Swimming pools and related</u> <u>accessories</u>

ADDITIONAL INSURED(S) TO BE INCLUDED FOR LIABILITY COVERAGE
Complete this section if you have any additional insureds that have to be named on your policy.

This provides an individual or an organization with the same liability protection that you have as a named insured, but only in respect to their liability arising from the interest they have in your campground or RV park.

(Examples of this would be a Grantor of Franchise; Someone you are leasing land from; a Co-Owner of your premises, etc.)

1	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

2	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

3	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

LIQUOR LIABILITY COVERAGE

Complete this section if you want liquor liability coverage.

Liquor liability covers you if you should become legally obligated to pay, as damages, because of injury, if liability for such injury is imposed on you by reason of selling, serving, or furnishing of any alcoholic beverage. An alcoholic beverage includes, but is not limited to beer, wine, and liquor.

<p>Type of Operation:</p> <p>() Campground Store</p> <p>() Restaurant/Snack Bar</p> <p>() Bar or Lounge</p> <p>() Other; explain _____</p>	<p>Take out liquor sales Receipts \$ _____</p> <p>On premises serving Receipts \$ _____</p> <p>Percentage that are campers? _____ %</p> <p>Percentage that is the general public? _____ %</p>
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DIRECTORS AND OFFICERS LIABILITY COVERAGE

Complete this section if you want Professional Liability Coverage for your Board of Directors and Officers.

If your campground or RV park is an association campground or a corporation this coverage would protect your business against loss and expense that occurs when a claim or suit is brought against your company, its directors, officers, or trustees for a wrongful act based on an error or omission, negligence, breach of duty, misstatement, or publishers liability.

Number of Directors _____ Number of Officers _____ Number of Members/Shareholders _____

AUTO COVERAGE

Complete this section if you want coverage on vehicles that you don't own.

Hired and Non-Owned Autos - () Yes () No

Provides liability protection, in case you use a vehicle not owned by the business, for a business purpose. It also provides excess liability insurance for your employees if they use their vehicles to run errands for your business. Their auto carrier would be the primary carrier.

Drive Other Car Coverage - () Yes () No

Provides liability protection for named individuals who are members of your household in the event they drive a vehicle that is not owned by you or them, such as, a borrowed vehicle. This coverage is usually provided for the protection of a spouse or children who are residents of the household.

If you have selected Drive Other Car Coverage, please name the individuals you would like covered.

AUTO COVERAGE

Complete this section if you want coverage on your vehicles

Key: * USE : P = Personal B = Business M = Maintenance

**** TYPE : PP = Private Passenger MH = Motorhome (include length and number of days unit is used)**

PU = Pickup Truck BS = Bus Shuttle (include seating capacity)

DT = Dump Truck VS = Van Shuttle (include seating capacity)

V = Van (not used in a shuttle operation)

Auto 1	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 2	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 3	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 4	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 5	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 6	Year	Make	Model	Serial Number
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM
Auto 7	Year	Make	Model	Serial Number

Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM	
Auto 8	Year	Make	Model	Serial Number	
Use * (Refer To Key)		Type ** (Refer To Key)		Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM	

DRIVER INFORMATION

Key: * **AFFILIATION** : S = Self SP = Spouse F = Family member E = Employee
 ** **DRIVER** : P = Principal operator O = Occasional operator

Driver 1	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 2	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 3	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 4	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 5	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 6	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 7	Full Name	Date of Birth	Driver's License Number	State
	Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.	
Driver 8	Full Name	Date of Birth	Driver's License Number	State

Affiliation * (Refer To Key)	Driver ** (Refer To Key) Auto No.	Accidents or convictions for past 3 years.
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GARAGE
Complete this section if you want liability coverage for RV units you provide service for.

Garagekeepers Legal Liability - Complete this section if you want coverage for RV units that are left in your care, custody or control. (Example - boats, trailers or RV units that are stored at your campground).

Comprehensive Coverage - (Example - fire, theft, broken windows, falling objects, vandalism & malicious mischief.)

() \$25,000 () \$30,000 () \$40,000 () \$50,000 () \$60,000 () Other; _____

Collision Coverage - (Example - Colliding with an object). If you haul trailers or RV units over public roads you should consider this coverage.

() \$25,000 () \$30,000 () \$40,000 () \$50,000 () \$60,000 () Other; _____

Garage Operations - Complete this section if you want coverage for RV units you service, repair or sell.

Number of proprietors/officers who service, repair or sell RV units.
_____ Payroll _____

Number of all other employees who service, repair or sell RV units.
_____ Payroll _____

Number of dealer plates. _____ Are you a franchise dealership?
() Yes () No

GENERAL INFORMATION

1. How long have you been a campground owner?

2. If someone, other than yourself, will be managing the campground, what prior experience have they had in the campground industry?

3. Are you a member of your State Campground Owners Association? () Yes () No
4. Are you a member of the National Association of RV Parks and Campgrounds (ARVC)? () Yes () No
5. Are you a member of any other association in relation to your business operation? () Yes () No

Explain _____

6. Which company are you presently insured with? _____
Expiration Date _____

7. If you have had any losses within the past three years, please explain.

Year	Description	Paid Amount
_____	_____	
_____	_____	
_____	_____	
_____	_____	