

**3 Easy Steps:**

1. Fill out Application
2. Fax or email back to us ---->
3. We start working for you

Phone: 1-(765)-381-3940

Fax: 1-(765)-287-2473

Email: Campground.Coverage@unitedagy.com

**Name of Campground:** \_\_\_\_\_

**Name of Entity:** \_\_\_\_\_

Entity Type:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Individual  
Partnership  
Corperation  
LLC

**Contact Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Is Property located inside city limits?**

**Responding Fire Dept:** \_\_\_\_\_ **Distance:** \_\_\_\_\_

**Distance to Fire Hydrant:** \_\_\_\_\_

**Current Insurance Company:** \_\_\_\_\_

**Premium:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**If less than 3 years, what is the insured's previous management experience?**

		Sales Amount \$
How many campsites or RV sites?	_____	
How many cabins?	_____	
How many acres?	_____	

**If more than ten, please describe any other operations:**

_____	Sales Amount \$
<b>Trailer units are rented</b>	

*If so, please describe the type and number:* \_\_\_\_\_

<b>Sales from other sources?</b>	Sales Amount \$
<i>If yes, please describe:</i>	

**The owner reside on premises year round?**

*If not, who is authorized and responsible to watch the premises?:*

\_\_\_\_\_

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**Ground Fault Interrupter circuits are present in laundry/shower buildings?**

**Tavern or restaurant occupancy?**

**Describe the extent of cooking exposures inside of buildings with Restaurant or Tavern occupancy:**

- 
- a. Deep fryers?
  - b. Grill? (If yes, property is not eligible.)
  - c. Live bands?
  - d. Disc jockey?

If yes, describe: \_\_\_\_\_

e. Size of dance floor? **Feet:** \_\_\_\_\_

**Swimming allowed? Yes No**

- a. Lifeguard on duty?
- b. Pool fenced?
- c. Is pool in-ground?
- d. Does pool have a diving board?
- e. Is Beach swimming area marked to prevent boats entering the swimming zone?

**Any boats? (If yes, please include the number of each type)**

- a. Rowboats? \_\_\_\_\_
- b. Canoes/Kayaks? \_\_\_\_\_
- c. Paddleboats? \_\_\_\_\_
- d. Sailboats/sailboards? \_\_\_\_\_
- e. Other (describe)? \_\_\_\_\_

Sales Amount \$

**Any motors?**

- a. Size (HP) and number:

**Life jackets supplied with all boats?**

**Docks or piers?**

- a. NO DIVING signs posted at dock and raft area?

*Please describe:*

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**Any other recreational services, children's activities, field trips off-premises, etc.?**

*Please describe:*

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**Individual gas space heater in cabins?**

- a. With automatic fuel shut-off?

**Woodstove(s) in any building?**

- a. All UL approved and installed according to code?

**Describe any property not to be insured:**

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*\*\*Please include a brochure or copy of advertising literature and a diagram of the premises.*

**CHECKLIST – Please mark any applicable activities**

- Camp store**
- Restruant: with no commercial cooking or grease laden vapors; Snack bar:**
- Annual Liquor Liability**
- Hunting campgrounds for deer, and non-predatory animals?**
- Gun and Hunting Lodge?**
- Slides into water?**
- Swim rafts?**
- Fishing Guides?**
- Hayrides on premises; side rails, seats and stairs required?**

Sales Amount \$

*Please describe use and frequency:*

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**Horse riding**

Sales Amount \$

If provided by insured, describe safety and whether prospect follows state equine laws:

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**Paint ball facilities or fields**

Sales Amount \$

*Please describe type and sales:*

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**Rock climbing on artificial walls, otherwise by exc'i XYX**

Sales Amount \$

*Describe type and number of walls:* \_\_\_\_\_

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**Bicycle rental?**

**Cross Country Skiing, including rental**

**Propane tank exchange or Propane tank refills  
from 1000 gal tank or less:**

~~XXXXXX~~ tank fenced and/or protected by concrete  
~~XXXXXX~~ abutment/posts, etc.?

~~XXXXXX~~ Gasoline sales from underground or elevated tanks,  
~~XXXXXX~~ including from dock, with safeguards as needed of  
~~XXXXXX~~ Catch Basin, Dike and Cathodic Protection:

**Petting Zoo?**

*Please describe animals and sales:*

Sales Amount \$

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**Personal pets with aggressive history<sup>3</sup>**

**Ropes course**

*Please describe type and how many?*

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

**Applicant's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Agent's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_