

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 \$
Trailer units are rented	

If so, please describe the type and number: _____

Sales from other sources?	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:

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:

****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:

Horse riding

Sales Amount \$

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

Paint ball facilities or fields

Sales Amount \$

Please describe type and sales:

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:

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

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

Petting Zoo?

Please describe animals and sales:

Sales Amount \$

Personal pets with aggressive history³

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:
