

CAMPGROUND QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name Robertson Ryan & Associates, Inc. Agency # _____

- Please attach to an ACORD Application
- Please attach 5 Year Loss Runs
- Please attach a copy of the Camper Agreement

FEIN: _____

Applicant Information

1. Years under current management? _____
2. Web site _____
3. Please provide the total number of full-time (including owners and officers) employees _____
 Total number of part-time employees _____ and seasonal employees _____
 Do you perform background checks on all employees? ___ Yes ___ No
4. Who lives on premises? Owner Manager Caretaker
 No one lives on premises Other _____
5. Is there a dog(s) living on the premises? ___ Yes ___ No
 If yes, what breed? _____
 Is this dog(s) ever allowed into guest areas? ___ Yes ___ No
6. Is the campground/park a member of any state or regional association or franchise? ___ Yes ___ No

Operations

7. Number of sites/units available?
 _____ Tent sites _____ RV sites _____ Trailer sites
 _____ Cabin units _____ Lodge units
8. Average length of guest stay?
 _____% Long-term (More than 3 months) _____% Seasonal _____% Day or Weekly
9. Do you allow campers' dogs or other pets on your premises? ___ Yes ___ No
10. Are all campers required to sign a waiver as part of the camper agreement? ___ Yes ___ No
11. Does your park operate year round? ___ Yes ___ No
12. If no, is there a caretaker on site throughout the year? ___ Yes ___ No
13. Estimated total annual campground receipts \$ _____

Activities Conducted	Number of Units/ Facilities/Ranges	Estimated Annual Receipts
Camp Store		
Restaurant		
Snack Bar		
Liquor		
Gasoline		

Sites - Estimated Annual Receipts: \$ _____

Rental Units (i.e. cabins, trailers) - Estimated Annual Receipts: \$ _____

Activities Conducted	Number of Units/ Facilities/Ranges	Estimated Annual Receipts
LP Gas		
Laundry		
Gun/Archery Range		
Horseback Riding (<i>complete Horse Stable and Trail Riding Questionnaire</i>)		
Wagon Rides		
Skateboard Ramps		
Bicycle Rentals		
Boat/Canoe Rentals -16 ft or less, motors 25 hp or less (<i>complete Canoe and Tube Rental Operations Questionnaire</i>)		
Golf Cart Rental		
Playgrounds		
Miniature Golf		
Petting Zoo		
Ice Skating or Sledding Hill		
Swimming Areas Any water toys, trampolines or slides? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pools <input type="checkbox"/> Beaches <input type="checkbox"/> Diving boards <input type="checkbox"/> Slide length <input type="checkbox"/> Slide height <input type="checkbox"/> Trampolines	
Fishing or Hunting Guide		

Any other activities
and estimated annual
receipts:

14. Is there a bar/lounge on the premises? ___ Yes ___ No
 If yes, is the bar/lounge open only to registered campers? ___ Yes ___ No
15. Do you put on any fireworks displays or allow anyone else to light fireworks on the premises?
 (coverage will not be provided for this activity) ___ Yes ___ No
16. Do you operate jet ski rentals? (coverage will not be provided for this activity) ___ Yes ___ No
17. Is this campground used for hosting special event camping, such as music festivals or Harley
 rides? (coverage will not be provided for this activity) ___ Yes ___ No
18. Other activities conducted at your campground (please list) _____
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19. If you offer **WAGON or SLEIGH RIDES**, please provide the following information. (*Please
 attach photo of each wagon or sleigh.*)
- Is the height of each side a minimum of 4 feet? ___ Yes ___ No
- Is there a slow moving vehicle sign affixed to the back of the wagon or sleigh? ___ Yes ___ No
- Does the travel route cross any public roads or highways? ___ Yes ___ No

20. If you offer a **PETTING ZOO**, do you provide a hand-washing station and a sign warning participants to wash their hands after touching the animals to prevent illness? ___ Yes ___ No
21. If you offer **ICE SKATING** or a **SLEDDING HILL**, do you have all participants sign a waiver? ___ Yes ___ No
22. Do you use any mobile equipment such as ATVs or golf carts? ___ Yes ___ No
 If yes, how many ___ ATVs ___ Golf carts
 Will the ATV's or golf carts be kept in a locked storage facility and their keys kept in a separate secured location? ___ Yes ___ No

Safety

23. Is the campground/park fenced or gated? ___ Yes ___ No
24. Do you have security patrol? ___ Yes ___ No
25. Is there a formal maintenance program for the grounds and landscaping? ___ Yes ___ No
26. Are all swimming pools and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? ___ Yes ___ No
 If no, please provide plan and timeframe for compliance _____

27. Indicate all that apply to your pools or beaches

- Open to the general public
- Area fenced with locking gate
- Pool depth marked
- Life rings or buoys provided
- Lifeguard on duty
- Signage – “No lifeguard. Swim at your own risk.” and “No diving.”
- Pool rules posted

28. Do you have an emergency medical plan in place that is communicated to all employees? ___ Yes ___ No
29. Is a LP gas fill station provided? ___ Yes ___ No
 If yes, please answer the following:
- a. Does the LP gas fill station meet all state and local LP codes for training and equipment? ___ Yes ___ No
 - b. Are employees trained to fill LP gas tanks? ___ Yes ___ No
 - c. Is the LP gas fill station fenced or secured? ___ Yes ___ No
30. Do all restaurant/cooking facilities have a UL300 system installed? ___ Yes ___ No
 If no, please describe your cooking facilities _____

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 or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

 Applicant's Signature

 Date

 Agent's Signature

 Date

1- Have you had any claims in the last 4 years? Yes ___ No ___ If yes, please explain:

2- What are you currently paying for your business insurance? _____

3- What is your primary concern - if any - with your current agent or coverage?
