

Ontario Campground Owners Insurance Application

Name of Applicant: _____

Principal(s) Name: _____

Mailing Address: _____

Location Address: _____

Contact Name: _____ Telephone: _____

Web-site Address: _____

Loss Payee(s): _____

Description of All Operations: _____

Do you reside on park premises: Yes No Year Around Yes No

Are park operations seasonal: Yes No Year Around Yes No

Describe winter activities, if any: _____

Do you plan any new facilities in the next 12 months: Yes No

Number of years in business: _____ Experience of manager/owner: _____

Operating Season: _____ Gross Receipts: _____

Fire Protection

Portable Fire Extinguishers Yes No # _____

Describe all other fire protection: (Portable extinguishers, other private protection)

Fire Hydrants Yes No If yes, distance: _____

Fire Hall Yes No If yes, distance: _____

Name of Responding Fire Department: _____

Is road open all year around Yes No

Liability Coverage

Business Premises	Yes	No	#	Description	Receipts
Campsite					
Serviced					
Not Serviced					
Trailers					
Cottages					
Rental Units					
Recreational Halls					
Swimming Pools					
River/ Lake					
Beach					
Waterslide					
Boats/ Canoes					
Pedal Boats					
Rafts/ Water Crafts					
Dock/ Slips					
Boat Storage					
Diving Platform					
Water Walls					
Trampoline					
Water Skiing					
Playground					
Tennis Courts					
Mini Golf					
Go Carts					
Horseback Riding					
Restaurant/ Snack Bar					
Food					
Alcoholic Beverages					
Propane/ Gasoline Sales					
Christmas Tree Sales					
Trailer Sales					
Hay wagon rides					
Fireworks					
Dances					
Bingos					
ATV/ Snowmobile rentals					
Petting zoo					
Any other Activities					

Do you have restaurant or snack bar on the premises Yes No

Do you have a deep fat fryer Yes No

Circle type of extinguishing unit for fryer UL 300, UCL1254.6 Other _____

Water Questionnaire

Is the drinking water from a municipal source or your own well?

If from your own well, is the water tested? Yes No

Who does the testing _____ How often is it tested? _____

Do you keep records of the testing? Yes No How long _____

If water testing shows contamination, what are your procedures? _____

Do you have an approved filtration system on the drinking water? Yes No

Are all faucets clearly marked if they are for drinking water or not for drinking water? Yes No

Do you provide drinking water? Yes No

Is there any servicing or repairs done to trailers Yes No

Is filling of propane tanks done by a qualified person: Yes No

Is there a Lifeguard on Duty: Yes No

Boat Rentals

Proof of Identity Obtained: _____ What is the minimum age? _____

Do customers sign "waiver of Liability" in rental agreement: _____ Provide Copy

Fireworks (Please fill only if you have fireworks at your premises)

How many times in a year do you have fireworks? _____

What are the safety procedures taken? _____

What is the distance from the firework place to the nearest campsite? _____

What is the distance from the crowd? _____

What is the experience of the person who sets the firework? _____

What kind of fireworks is used? _____

What steps are taken in case fire breaks out? _____

How are spent fireworks disposed? _____

Are unused fireworks gathered and safely disposed _____

Hydro Equipment Coverage

Are you financially responsible for Hydro lines, transformers and equipment on your property
Yes No

Number of Transformers _____

Description of other hydro equipment

Total value of all hydro equipment that you are responsible for _____

Special Hazards

Any Flammable and combustible Liquids (Solvents, Gasoline, Diesel fuel)
stored on the premises? What are they used for?

Number of tanks _____

#1 Capacity _____ Age _____ Above Ground In ground Dyked Double Walled

#2 Capacity _____ Age _____ Above Ground In ground Dyked Double Walled

#3 Capacity _____ Age _____ Above Ground In ground Dyked Double Walled

Are labelled safety cans used for storage? Yes No

Are flammable rags stored in a self closing metal container: Yes No

Is smoking restricted in the area that flammables are stored: Yes No

* show location of tanks or storage containers on site plan

Storage Operations

Do you seasonally store any property that belongs to anyone else? _____

Values of all items in Storage: \$ _____

Method of Storage: Blocking _____ Cradles _____ Others: Describe _____

Previous Insurer & Policy Number: _____

All Losses in Last 5 Years

Details of Loss	Date of Loss	Amount of Loss	Description

What steps have you taken to prevent further claims from occurring?

Has any insurer declined, cancelled coverage or refused to renew? Yes No

Why _____

COVERAGE REQUIRED

Building \$ _____

Office Contents \$ _____

Contractor's Equipment (including Hydro Equipment) \$ _____

Boats & Motors \$ _____

Tools \$ _____

Trailers (on site for rent or sale) \$ _____

Personal Contents \$ _____

Business Interruption \$ _____

PLEASE INDICATE THE DISTANCES BETWEEN BUILDINGS

Main Building/Office

Recreational Hall

Washroom(s)

Storage (s)

Cottage(s)

Trailer(s)

Mobile Home(s)

Restaurant/Snack Bar

Applicant's Statement

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE, AND THAT THESE STATEMENTS ARE THE DECLARATIONS UPON WHICH AN INSURANCE POLICY MAY BE USED:

THIS IS AN APPLICATION FOR AN OCCURRENCE POLICY.

Applicant's Signature

Broker's Signature

Applicant's Title

Date Signed

Date Signed