

**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



## 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