



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

## CAMPGROUND OR RV PARK APPLICATION

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: \_\_\_\_\_

Is this a new business? ☐ Yes ☐ No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

## B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? ☐ Yes ☐ No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

## C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate

OR

Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):** ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000**E. Business Activities**

1. Describe all activities for which coverage is being requested.

a. \_\_\_\_\_

b. \_\_\_\_\_

2. Premises/Locations:

a. Size of Location: \_\_\_\_\_

b. Total Number of Campsites: \_\_\_\_\_ Full Hookup: \_\_\_\_\_ Tent: \_\_\_\_\_  
Pull Thru: \_\_\_\_\_

c. Is there any water located on the premises?

☐ Yes ☐ NoIf yes, what kind? ☐ Pond(s) ☐ Lake(s) ☐ Creek(s) ☐ River(s)

3. Does your Campground include:

	YES	NO		YES	NO
Playground	<input type="checkbox"/>	<input type="checkbox"/>	Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Hall	<input type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	Showers	<input type="checkbox"/>	<input type="checkbox"/>
Dump Station	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Mini Golf	<input type="checkbox"/>	<input type="checkbox"/>	Propane	<input type="checkbox"/>	<input type="checkbox"/>
Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Petting Zoo	<input type="checkbox"/>	<input type="checkbox"/>	Baby Sitting Service	<input type="checkbox"/>	<input type="checkbox"/>
Sport Course	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____		

4. Which, if any, of the above items are charged for separately? \_\_\_\_\_

5. How often is equipment checked and inspected? \_\_\_\_\_

6. Who is responsible for equipment maintenance? \_\_\_\_\_

7. Do your customers use or rent any of your equipment?

☐ Yes ☐ No

a. Type of equipment rented: \_\_\_\_\_

b. Manufacturer: \_\_\_\_\_

c. Safety features: \_\_\_\_\_

d. Number of rentals per year: \_\_\_\_\_

- e. Do you keep any maintenance records? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
- f. Age requirements for use: \_\_\_\_\_
- g. Do you use a release waiver form for those rentals? ☐ Yes ☐ No
8. Do you have an accident/emergency plan? ☐ Yes ☐ No  
If yes, please enclose a copy.
9. Are any activities supervised? ☐ Yes ☐ No  
If no, please describe: \_\_\_\_\_
10. Do you use registration waivers? ☐ Yes ☐ No  
If yes, please attach a copy.
11. Are medical facilities or first aid stations/personnel provided? ☐ Yes ☐ No
12. What is the distance to the nearest medical facility? \_\_\_\_\_
13. Are you inspected by any outside entity? ☐ Yes ☐ No  
If yes, who?: \_\_\_\_\_
14. Do you utilize Independent Contractors as employees? ☐ Yes ☐ No
15. What is the minimum age of employees? ☐ 16-18 ☐ 18-21 ☐ 21+
16. How many employees do you utilize? \_\_\_\_\_
17. Are there any Independent contractors or concessions operating on your business premises? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_
18. Have you obtained certificates of insurance from all independent contractors or concessions? ☐ Yes ☐ No  
If yes, please enclose copies.

19. Camp Usage

Description of Campsite	Annual number of sites used	Charge per site
Full Hookup		
Pull Thru		
Tents		
Other:		

20. Average Number of Campers per site: \_\_\_\_\_

21. Gross Receipts:

	Last Year	Estimate for this Year
Camping		
Retail Store		
Other:		

22. Please list all individuals or entities requiring certificates of Insurance or Additional Insureds. Include complete names and address, as they should appear on the form. Explain all others.

	Land Owner	Government Agency	Concessions Contracts	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Checklist of items needed if coverage is bound:

<input type="checkbox"/> Brochure	<input type="checkbox"/> Advertising Materials
<input type="checkbox"/> Personnel Roster	<input type="checkbox"/> Registration Form
<input type="checkbox"/> Emergency Plan	<input type="checkbox"/> Operating Plan, Procedural Manual (Optional)
<input type="checkbox"/> Liability Waiver (if used)	<input type="checkbox"/> First Aid Kit List
<input type="checkbox"/> Staff Manual (Optional)	

NOTE: Not everyone will have all these items. Not all these items are essential. EIB will work with you to develop the required materials that you may not have.

## **REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name