

EVERGREEN INDEMNITY, LTD., Barbados



PROPERTY APPLICATION FOR CAMPGROUNDS AND RV PARKS

Name of Contact Person		Telephone – Work ()
Name of Campground/RV Park (Complete Legal Name)		Telephone – Home ()
		Fax ()
Mailing Address		E-mail
City	State	Zip Code
Location of Campground/RV Park		County
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other; explain _____		
Signature of person completing this application		Date

INCLUDE WITH THIS APPLICATION	<ol style="list-style-type: none"> 1. A copy of your campground brochure or other information on your campground. 2. A copy of your present insurance policy (this is not necessary but would be extremely helpful in comparing your current coverage with the proposed coverage).
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Comments

For Office Use Only	SA	UW	Date
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Services Provided By: International Insurance Services, Inc., P.O. Box 61, 655 Main Street, Lewiston, ME 04243-0061
Tel : 1-800-343-7900 Fax : (207) 783-6778 E-mail : iis@post1.hartfordinc.com

SPRINKLER AND ALARM SYSTEMS

Complete this section if any of your buildings have one or more of these systems.

Sprinkler System	Central Fire Alarm System	Central Burglar Alarm System
Bldgs. #	Bldgs. #	Bldgs. #

PROPERTY RELATED APPARATUS

Complete this section if you want coverage on various articles and materials.

Item #	(Example: Billboards, docks, fences, mini golf structures, piers, signs, swimming pools or swimming pool equipment, water pumps, water/sewage treatment plants, etc.)	Dollar Amount

Mortgage Holders – for Property Coverage

Complete this section if you have a mortgage holder on your property.

Bldg. #	Name	Address	Loan/Acc't #

BLANKET LOSS OF INCOME & EXTRA EXPENSE COVERAGE

Complete this section if you want business interruption coverage on your business.

Loss of income will pay your actual loss of earnings that is a direct result of interruption of your business because of a covered loss of your buildings. Extra expense will pay any operating expense over and above what it would normally cost you to conduct your business had no damage occurred.

Amount of coverage: () \$50,000 () \$100,000 () Other; \$_____

CRIME COVERAGE

Complete the desired sections if you want crime coverage.

MONEY & SECURITIES – protects your business from lost, stolen or disappearance of money and securities.

Amount of coverage: () \$5,000 () \$10,000 () \$15,000 () Other; \$_____

EMPLOYEE DISHONESTY – protects your business from employee theft and embezzlement.

Amount of coverage: () \$5,000 () \$10,000 () \$15,000 () Other; \$_____

COMPUTER COVERAGE

Complete this section if you want coverage on your computer equipment.

Item #	What deductible amount do you want? () \$250 () \$500 () Other \$_____	Dollar Amount

Lien Holders – For Computer Coverage

Complete this section if you have a lien on your computer equipment.

Item #	Name	Address	Loan/Acc't #

Select the coverage you want the auto insured for. <input type="checkbox"/> Liability <input type="checkbox"/> Med. Pay <input type="checkbox"/> PIP (No fault) <input type="checkbox"/> UM		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Lien Holder Name		Loan/Account Number	
Mailing Address	City	State	Zip Code

GARAGE - PHYSICAL DAMAGE
 Complete this section if you want liability coverage for RV units you hold for sale.

Garage Physical Damage – Complete this section if you want coverage for RV units that are held for sale.

\$25,000 \$50,000 \$75,000 \$100,000 \$125,000 Other; _____

GENERAL INFORMATION

- How long have you been a campground owner? _____
- If someone, other than yourself, will be managing the campground, what prior experience have they had in the campground industry? _____
- Are you a member of your State Campground Owners Association? Yes No
- Are you a member of the National Association of RV Parks and Campgrounds (ARVC)? Yes No
- Are you a member of any other association in relation to your business operation? Yes No
 Explain _____
- Which company are you presently insured with? _____ Expiration Date _____
- If you have had any losses within the past three years, please explain.

Year	Description	Paid Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____