

# EVERGREEN INDEMNITY, LTD., Barbados



## 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	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
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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





**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 #





( ) Bicycle Rentals	Number	\$ Receipts
( ) Paint Ball		\$ Receipts
( ) Archery Range		\$ Receipts
( ) Rifle Range		\$ Receipts
( ) Motorized Rides (Go Karts, Carousel, Etc.) ; Explain		\$ Receipts
( ) Fireworks Display		Number of Displays
( ) Horseback Riding or Saddle Animals		Number of Saddle Animals
( ) Ponies or Pony Rides		Number of Ponies

**WATER SPORTS COVERAGE**

**Check and complete the exposures that are applicable to your business.**

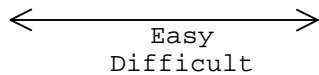
**Watercraft Rental**

( ) Boats ( ) Canoes ( ) Jet Skis ( ) Kayaks  
 ( ) Paddle Boats ( ) Rafts ( ) Sailboards  
 ( ) Sailboats ( ) Tubes ( ) Other; \_\_\_\_\_

Watercraft Rental

( ) WITHOUT MOTORS Number \_\_\_\_\_

If watercraft is used on a river, what is the river's classification?



I	II	III	IV
	V	V+	
( )	( )	( )	( )
)	( )	( )	( )

( ) Boat slips Number \_\_\_\_\_

( ) Water-skiing operation, including the rental of equipment.  
 Receipts \$ \_\_\_\_\_

Watercraft Rental

WITH MOTORS

( ) 20 H.P. or less Number \_\_\_\_\_

( ) 21 H.P. - 35 H.P. Number \_\_\_\_\_

( ) 36 H.P. - 50 H.P. Number \_\_\_\_\_

( ) 51 H.P. - 75 H.P. \* Number \_\_\_\_\_

( ) 76 H.P. - 100 H.P. \* Number \_\_\_\_\_

( ) Over 100 H.P. \* Number \_\_\_\_\_

Explain Usage \_\_\_\_\_

( ) Jet Skis Number \_\_\_\_\_

<b>Swimming - What is your swimming season? ( ) Annual</b> ( ) Seasonal: From _____ To _____	
<u>Type of water frontage are used for</u> <u>How many swimming?</u> ( ) Lakes                      Number _____ ( ) Ponds                      Number _____ ( ) Rivers                      Number _____ ( ) Oceans                      Number _____ ( ) Streams                      Number _____ ( ) Other;                      Number _____ Explain _____	<u>Swimming pools and related accessories</u> ( ) Swimming Pools                      Number _____ ( ) Wading Pools                      Number _____ ( ) Spas                      Number _____ ( ) Hot Tubs                      Number _____ ( ) Whirlpools                      Number _____ ( ) Sauna                      Number _____ ( ) Other;                      Number _____ Explain _____
<u>Equipment In Swimming Areas(s)</u> ( ) Floats/Platforms                      Number _____      ( ) Cable Ride                      Number _____ ( ) Diving Boards                      Number _____      ( ) Rope Swing                      Number _____ ( ) Slides                      Number _____      ( ) Waterslides                      Receipts \$ _____	

<b>OTHER SERVICES OR ACTIVITIES LIABILITY COVERAGE</b> Complete the exposures that are applicable to your business.																
PUBLIC USE OF YOUR FACILITY, other than usual visitors of registered guests. <div style="text-align: right;">Receipts</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Day Use</td> <td style="width: 40%;">Number of Patrons Per Season _____</td> <td style="width: 40%; text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">           Special Events (Example - concerts, bluegrass festivals, racing events, etc.)         </td> </tr> <tr> <td></td> <td style="text-align: center;">Number of Events Per Season _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">Number of Spectators Per Season _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">           Explain the event(s) _____         </td> </tr> </table>		Day Use	Number of Patrons Per Season _____	\$ _____	Special Events (Example - concerts, bluegrass festivals, racing events, etc.)				Number of Events Per Season _____	\$ _____		Number of Spectators Per Season _____	\$ _____	Explain the event(s) _____		
Day Use	Number of Patrons Per Season _____	\$ _____														
Special Events (Example - concerts, bluegrass festivals, racing events, etc.)																
	Number of Events Per Season _____	\$ _____														
	Number of Spectators Per Season _____	\$ _____														
Explain the event(s) _____																
GUIDE SERVICE	Number of Guides _____ Explain the guide service operation _____	\$ _____														

OTHER SERVICES OR ACTIVITIES  
 If you provide any other service or activity not previously mentioned, please furnish complete details and receipts.

Receipts  
 \$ \_\_\_\_\_

**ADDITIONAL INSURED(S) TO BE INCLUDED FOR LIABILITY COVERAGE**  
 Complete this section if you have any additional insureds that have to be named on your policy.

This provides an individual or an organization with the same liability protection that you have as a named insured, but only in respect to their liability arising from the interest they have in your campground or RV park.

(Examples of this would be a Grantor of Franchise; Someone you are leasing land from; a Co-Owner of your premises, etc.)

<b>1</b>	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

<b>2</b>	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

<b>3</b>	Complete legal name			
	Mailing Address	City	State	Zip Code
	What is their interest in your business?			

**LIQUOR LIABILITY COVERAGE**  
 Complete this section if you want liquor liability coverage.

Liquor liability covers you if you should become legally obligated to pay, as damages, because of injury, if liability for such injury is imposed on you by reason of selling, serving, or furnishing of any alcoholic beverage. An alcoholic beverage includes, but is not limited to beer, wine, and liquor.

Type of Operation: <input type="checkbox"/> Campground Store <input type="checkbox"/> Restaurant/Snack Bar <input type="checkbox"/> Bar or Lounge <input type="checkbox"/> Other; explain _____ _____	<p><b>Take out liquor sales</b>          Receipts \$ _____</p> <p><b>On premises serving</b>                      Receipts \$ _____</p> <p>Percentage that are campers?          _____%</p> <p>Percentage that is the general public?          _____%</p>
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**DIRECTORS AND OFFICERS LIABILITY COVERAGE**

**Complete this section if you want Professional Liability Coverage for your Board of Directors and Officers.**

If your campground or RV park is an association campground or a corporation this coverage would protect your business against loss and expense that occurs when a claim or suit is brought against your company, its directors, officers, or trustees for a wrongful act based on an error or omission, negligence, breach of duty, misstatement, or publishers liability.

Number of Directors \_\_\_\_\_ Number of Officers \_\_\_\_\_ Number of Members/Shareholders \_\_\_\_\_

**AUTO COVERAGE**

**Complete this section if you want coverage on vehicles that you don't own.**

Hired and Non-Owned Autos - ( ) Yes ( ) No

Provides liability protection, in case you use a vehicle not owned by the business, for a business purpose. It also provides excess liability insurance for your employees if they use their vehicles to run errands for your business. Their auto carrier would be the primary carrier.

Drive Other Car Coverage - ( ) Yes ( ) No

Provides liability protection for named individuals who are members of your household in the event they drive a vehicle that is not owned by you or them, such as, a borrowed vehicle. This coverage is usually provided for the protection of a spouse or children who are residents of the household.

If you have selected Drive Other Car Coverage, please name the individuals you would like covered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTO COVERAGE

Complete this section if you want coverage on your vehicles

**Key: \* USE : P = Personal                      B = Business                      M = Maintenance**

**\*\* TYPE : PP = Private Passenger MH = Motorhome (include length and number of days unit is used)**

**PU = Pickup Truck                      BS = Bus Shuttle ( include seating capacity)**

**DT = Dump Truck                      VS = Van Shuttle (include seating capacity)**

**V = Van (not used in a shuttle operation)**

Auto 1	Year	Make	Model	Serial Number	Purchase Price
Use * (Refer To Key)		Type ** (Refer To Key)		<u>Comprehensive Deductible</u> ( ) \$100                      ( ) \$250	<u>Collision Deductible</u> ( ) \$250                      ( ) \$500
Select the coverage you want the auto insured for.				( ) Other	( ) Other
( ) Liability		( ) Med. Pay		_____	_____
( ) PIP (No fault)		( ) UM			
Lien Holder Name				Loan/Account Number	
Mailing Address				City	State                      Zip Code
Auto 2	Year	Make	Model	Serial Number	Purchase Price
Use * (Refer To Key)		Type ** (Refer To Key)		<u>Comprehensive Deductible</u> ( ) \$100                      ( ) \$250	<u>Collision Deductible</u> ( ) \$250                      ( ) \$500
Select the coverage you want the auto insured for.				( ) Other	( ) Other
( ) Liability		( ) Med. Pay		_____	_____
( ) PIP (No fault)		( ) UM			
Lien Holder Name				Loan/Account Number	
Mailing Address				City	State                      Zip Code
Auto 3	Year	Make	Model	Serial Number	Purchase Price
Use * (Refer To Key)		Type ** (Refer To Key)		<u>Comprehensive Deductible</u> ( ) \$100                      ( ) \$250	<u>Collision Deductible</u> ( ) \$250                      ( ) \$500
Select the coverage you want the auto insured for.				( ) Other	( ) Other
( ) Liability		( ) Med. Pay		_____	_____
( ) PIP (No fault)		( ) UM			
Lien Holder Name				Loan/Account Number	
Mailing Address				City	State                      Zip Code
Auto 4	Year	Make	Model	Serial Number	Purchase Price
Use * (Refer To Key)		Type ** (Refer To Key)		<u>Comprehensive Deductible</u> ( ) \$100                      ( ) \$250	<u>Collision Deductible</u> ( ) \$250                      ( ) \$500
Select the coverage you want the auto insured for.				( ) Other	( ) Other
( ) Liability		( ) Med. Pay		_____	_____
( ) PIP (No fault)		( ) UM			
Lien Holder Name				Loan/Account Number	

Mailing Address			City	State	Zip Code
<b>Auto 5</b>	Year	Make	Model	Serial Number	Purchase Price
Use * (Refer To Key)		Type ** (Refer To Key)		<u>Comprehensive Deductible</u> ( ) \$100 ( ) \$250 ( ) \$500	<u>Collision Deductible</u> ( ) \$250 ( ) \$500
Select the coverage you want the auto insured for. ( ) Liability ( ) Med. Pay ( ) PIP (No fault) ( ) UM				( ) Other _____	( ) Other _____
Lien Holder Name			Loan/Account Number		
Mailing Address			City	State	Zip Code

<b>DRIVER INFORMATION</b>						
List the drivers who operate the autos listed under the Auto Coverage section.						
<b>Key: * AFFILIATION :</b> S = Self    SP = Spouse    F = Family member    E = Employee <b>** DRIVER :</b> P = Principal operator    O = Occasional operator						
<b>Driver 1</b>	Full Name			Date of Birth	Driver's License Number	State
Affiliation * (Refer To Key)		Driver ** (Refer To Key)		Accidents or convictions for past 3 years.		
		Auto No.				
<b>Driver 2</b>	Full Name			Date of Birth	Driver's License Number	State
Affiliation * (Refer To Key)		Driver ** (Refer To Key)		Accidents or convictions for past 3 years.		
		Auto No.				
<b>Driver 3</b>	Full Name			Date of Birth	Driver's License Number	State
Affiliation * (Refer To Key)		Driver ** (Refer To Key)		Accidents or convictions for past 3 years.		
		Auto No.				
<b>Driver 4</b>	Full Name			Date of Birth	Driver's License Number	State
Affiliation * (Refer To Key)		Driver ** (Refer To Key)		Accidents or convictions for past 3 years.		
		Auto No.				
<b>Driver 5</b>	Full Name			Date of Birth	Driver's License Number	State
Affiliation * (Refer To Key)		Driver ** (Refer To Key)		Accidents or convictions for past 3 years.		
		Auto No.				

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**GARAGE**

Complete this section if you want coverage for RV units you provide service for or units you hold for sale.

**Garagekeepers Legal Liability** - Complete this section if you want coverage for RV units that are left in your care, custody, or control. (Example - boats, trailers, or RV units that are stored at your campground).

Comprehensive Coverage - (Example - fire, theft, broken windows, falling objects, vandalism & malicious mischief.)

( ) \$25,000      ( ) \$30,000      ( ) \$40,000      ( ) \$50,000      ( )  
\$60,000      ( ) Other; \_\_\_\_\_

Collision Coverage - (Example - Colliding with an object). If you haul trailers or RV units over public roads you should consider this coverage.

( ) \$25,000      ( ) \$30,000      ( ) \$40,000      ( ) \$50,000      ( )  
\$60,000      ( ) Other; \_\_\_\_\_

**Garage Operations** - Complete this section if you want coverage for RV units you service, repair, or sell.

Number of proprietors/officers who service, repair, or sell RV units.  
\_\_\_\_\_ Payroll \_\_\_\_\_

Number of all other employees who service, repair, or sell RV units.  
\_\_\_\_\_ Payroll \_\_\_\_\_

Number of dealer plates. \_\_\_\_\_ Are you a franchise dealership?  
( ) Yes                      ( ) No

**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**

1. How long have you been a campground owner?

\_\_\_\_\_

2. If someone, other than yourself, will be managing the campground, what prior experience have they had in the campground industry?

\_\_\_\_\_

3. Are you a member of your State Campground Owners Association? ( ) Yes ( ) No

4. Are you a member of the National Association of RV Parks and Campgrounds (ARVC)? ( ) Yes ( ) No

5. Are you a member of any other association in relation to your business operation? ( ) Yes ( ) No

Explain \_\_\_\_\_

6. Which company are you presently insured with? \_\_\_\_\_  
Expiration Date \_\_\_\_\_

7. If you have had any losses within the past three years, please explain.

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