



Supplemental Application – Campgrounds

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____

2. Named Insured Mailing Address: _____

3. Premises Address: _____

4. Applicant is Owner/Operator _____ Lessor / Operator _____

5. Years in Business: _____ Years Current Management at this Location: _____

6. List all buildings in campground:

| Building # | Age | Construction | Use / Occupancy | |
|------------|-----|--------------|-----------------|--|
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7. Is the operation seasonal? Yes _____ No _____ If yes:

- What are the dates of operation? From _____ to _____
- Is recreational space accessible to the public when closed? Yes _____ No _____
- Are boundaries posted with operating dates and No Trespassing signs? Yes _____ No _____

8. For all water features on the premises please supply the following:

- How many pools, wading pools or other water features are on the premises? _____
- Are pools fenced with self-latching gate? Yes _____ No _____
- Is life saving / emergency equipment available? Yes _____ No _____
- Does the pool area have non-slip surfaces? Yes _____ No _____
- Is the pool depth marked? Yes _____ No _____
- Are there diving boards? Yes _____ No _____ If yes, what is the height? _____
- Are there slides? Yes _____ No _____ If yes, how many? _____

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- Are all pools in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes ___ No ___
- Are hours of operation posted? Yes ___ No ___
- Are lifeguards on duty during hours of operation? Yes ___ No ___ If yes, are they employees _____ or contractors ____? If contractors, are certificates of insurance provided naming the applicant as Additional Insured? Yes ___ No ___
- Are at least two employees present when any children or other campers are near the pool?
Yes ___ No ___

9. Are all pool chemicals stored in a secured area? Yes ___ No ___

10. Is there any swimming and/or diving instruction given at the pool? _____ If so, how many instructors / lifeguards are present during instruction? _____

11. Is there any swimming done in an ocean, lake, river, pond or gravel pit on the premises? Yes ___ No ___

12. Describe all playground / recreational equipment on premises:

| Type of Equipment? | Number of Pieces? | Used by Whom? | Age of equipment? |
|--------------------|-------------------|---------------|-------------------|
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| | | | |
| | | | |

13. Does the applicant operate a concession stand or retail facility? Yes ___ No ___ If yes, what products are sold? _____

14. Does applicant sell fuel? Yes ___ No ___ If yes, what type? _____

15. Are smoke detectors provided in all cabins, trailers and/or mobile homes provided ? Yes ___ No ___

16. Are security personnel utilized? Yes ___ No ___

Named Insured Signature: _____

Date: _____

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FRAUD WARNINGS

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.