

T.H.E. Insurance Company

10451 Gulf Boulevard
Treasure Island, FL 33706

RV Park and Campground Supplement

New

Renewal

Applicant's Business Name: _____

Mailing Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax: _____

Email Address: _____ Website Address: _____

Physical location of business (if different) _____

Policy Period Requested: _____ To _____

Limit Requested: _____ Per Occurrence

_____ Aggregate

Deductible Requested: _____

CAMPSITES:

Number of primitive: _____ Gross Receipts: _____

Number w/ Utility Hookup: _____ Gross Receipts: _____

Number of Cabins/Trailers: _____ Gross Receipts: _____

Tent Rental: Yes No _____ Gross Receipts: _____

Type of Clientele, check and give percent of each: _____ Residential (annual) _____ %

_____ Seasonal (monthly) _____ %

_____ Vacation (daily/weekly) _____ %

Is Applicant a club, e.g. gun club, fish and game club, etc: Yes No Number of Members: _____

Laundromat: Yes No Gross Receipts: _____

Number of washers: _____ Number of Dryers: _____

FOOD:

Restaurant/Snack Bar: Yes No Gross Receipts Food: _____

Gross Receipts Liquor*: _____

Retail Store: Yes No Gross Receipts Food: _____

Gross Receipts Liquor*: _____

Gross Receipts Retail: _____

*Must complete Liquor Law Liability Supplement – if any liquor sales.

Number of Vending Machines: Owned #: _____ Leased #: _____

If cooking facilities, include description, advise if grills, fryers, ansul system, fire extinguishers, etc: _____

RECREATIONAL ACTIVITIES:

Amusement Devices Description: _____

Bicycle Rentals: Number of Bikes: _____
Description including number of wheels: _____
Gross Receipts: _____

Climbing Wall: Yes No If yes, Make, Model, Size: _____

Exercise Room: Yes No If yes, include description of equipment: _____

Game Room: Number of Games: _____
Type: _____
Gross Receipts: _____

Golf: Miniature Golf – Number of Holes _____
Golf Course – Par _____ Number of Holes _____
Driving Range – Number of Tees: _____

Hay Rides: Yes No Number of Wagons: _____
Wagons pulled by: _____

Hobby Shops or Classes: Yes No Describe: _____

Horse Rental or Pony Rides: Yes No Gross Receipts: _____
Names of Horses: _____

Horse Trails: Yes No Describe: _____

Horse Boarding: Yes No If yes, # of Stalls available? _____

Hunting: Yes No If yes, describe: _____

Laser Tag: Yes No

Paintball: Yes No

Playground: Yes No
Description and Type of Equipment: _____

Petting Zoo: Yes No
Describe Hand Sanitation System: _____
List Animals: _____

Skeet or Trap Range Yes No Gross Receipts: _____
Rifle Range Yes No Gross Receipts: _____
Archery Range Yes No Gross Receipts: _____

1. What precautions are taken to keep spectators away from firing and range areas? _____

2. Advise backstop construction – including height: _____

3. Describe any special meets, shoots, or competitions, and include number of events, average attendance, security, etc.

Trails for Guest Owned ATV Touring: Yes No
Are trails on your premises: Yes No
Is trail shared with other riders such as hikers, horses and bicycles? Yes No

WATER EXPOSURES

Number of Swimming Pools: _____

Diving Boards? Yes No
 Slides? Yes No
 Platforms? Yes No

Complete description, to include height and construction, of diving boards, slides and platforms: _____

Is the depth of the pool(s) marked? Yes No
 Is there a lifeguard on duty? Yes No
 If yes, # of Lifeguards: _____
 Lifeguards are trained & certified by: American Red Cross Other _____
 Pool rules posted? Yes No
 Fenced? Yes No
 Locking Gate? Yes No
 Is there signage, "No Lifeguard, Swim at Own Risk, No Diving"? Yes No
 Are Life Rings and Buoys provided? Yes No

****Water park, slides, or play areas must complete Water Park Supplement, including description of waterslides and all water play features. Photos will also be required****

Number of Hot Tubs or Jacuzzi: _____

Swim Beach, Stream, River or Lake: Yes No
 Rope Swings: Yes No
 Docks: Yes No
 Dive Platforms: Yes No
 Water Trampoline: Yes No
 Cable Ride: Yes No
 Other Water Play features: _____
 Fishing Lake or Pond? Yes No
 Fishing Trips? Yes No
 Water Skiing? Yes No

WATERCRAFT RENTAL: (Number of Each)

Gross Receipts: _____

Attach a schedule of rentals including length make model & horsepower of each

Motorized Boats _____ Canoes _____ Jet Skis _____
 Paddle Boats _____ Rafts _____ Sail Boards _____
 Sail Boats _____ Tubes _____ Kayaks _____
 Other _____ Description: _____

MARINA: Slip rentals, ship stores, etc MUST complete a Marina Operators Supplement

OUTDOOR SPORTS: e.g. Baseball, Basketball, Bocce Ball, Horseshoes, Tennis, Volleyball, etc.

Include # of Courts for each type of sport _____
 Do you sponsor any teams or tournaments? Yes No

RENTAL OF GOLF KARTS: Number of Golf Karts: _____
 Age Requirement? Yes No Minimum Age: _____

Gross Receipts: _____
 Driver's License Required? Yes No

MOBILE EQUIPMENT: (Used by Staff Only)

Schedule of Mobile Equipment

Year	Make	Serial #

SPECIAL EVENTS:

- Fair/Festivals: Yes No
- Flea Markets: Yes No
- Auto Shows: Yes No
- Concerts: Yes No

If yes to concerts, do you get certificates from the band, stage crew, etc? Yes No Other Describe: _____

Firework Display: Yes No
 If yes, is display performed by you or firework display company?
 If not you, do you get a certificate from the firework display company?

Do you provide catering at special event functions? Yes No
 If no, do you get certificates from the caterers that work on your premises? Yes No

Are there any other subcontractors or concessionaires on your premises? Yes No

If yes, for what purpose? _____
 If yes, do you get certificates? Yes No

GAS/LP GAS DISTRIBUTION – FILL STATION

Number of Gasoline Pumps: _____ Gasoline Gross Receipts: _____
 Number of fixed LP Gas Tanks on Premises: _____ LP Gas Gross Receipts: _____

- Does Applicant have documentation that LP fill station meets all state and local LP codes for training, equipment, etc? Yes No
- Are employees certified and trained to fill LP Gas tanks? Yes No
- Is fill station fenced or secured? Yes No

TRAILER / RV SALES OR SERVICE Yes No Gross Receipts: _____

PREMISES INFORMATION:

Other than fire hydrants, are there any other fire control water sources available?

- Pool Pond/Lake Water Tank
- Other Describe: _____

Is your location prone to grass fires and/or forest fires? Yes No

Are there buildings at your facility with limited access due to forest, terrain, or season? Yes No

Is the clearing from forest/wood areas greater than 150 feet? Yes No

Is your business operational year round? Yes No
 If no, provide number of months operational _____

Are your buildings occupied year round? Yes No
 If no, is there a caretaker on site? Yes No
 If no, are buildings winterized? Yes No

Do any buildings have ACTIVE knob and tube and/or aluminum wiring? Yes No
 If yes, how many building? _____

GENERAL INFORMATION

- 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? Yes No
- Are you a member of any other association in relation to your business operation? Yes No

Explain all "yes" responses on the following:

1. Any medical facilities provided? Yes No
 If medical is sub-contracted, do you require Proof of Professional Liability Insurance? Yes No
 Are written contracts entered into? Yes No

General Information continued

- 2. Any exposure to radioactive/nuclear materials? Yes No

- 3. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? Yes No

- 4. Any operations sold, acquired, or discontinued in last 5 years? Yes No

- 5. Machinery or equipment loaned or rented to others? Yes No

- 6. Any watercraft, docks, floats owned, hired or leased? Yes No

- 7. Any parking facilities owned/rented? Yes No

- 8. Sporting or social events sponsored? Yes No

- 9. Any structural alterations contemplated? Yes No

- 10. Any demolition exposures contemplated? Yes No

- 11. Do you provide baby-sitting/day care? Yes No

- 12. Do you offer transportation of patrons to or from your premises? Yes No

- 13. Do you have an ATM on premises? Yes No
If yes, how many owned _____ leased _____
If leased, are you named as an additional insured? Yes No

- 14. Are any of your Employees licensed or certified by the State? Yes No
If yes, please provide names and type of license, i.e., MD LMT EMT _____

- 15. Do you have an Automated External Defibrillator (AED) on premises? Yes No
If yes, what type of training and testing is required of employees/authorized users? _____

- 16. Is security present on premises? Yes No
If yes, are they Employees Independent Contractors?
If Independent Contractors, are you named as an additional insured? Yes No

ARMED SECURITY EMPLOYED BY THE NAMED INSURED IS NOT A COVERED EXPOSURE.

If the insured contracts with independent/third party vendor, the insured must secure valid certificate of insurance for limits of not less than \$1,000,000 per occurrence naming the insured as additional insured under the independent/third party vendor's insurance policy.

REMARKS: _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become part of the policy and that misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed