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**CAMPGROUND APPLICATION**  
**(PROGRAM AVAILABLE IN ONTARIO ONLY)**

Broker \_\_\_\_\_ Address \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Owner/Contact \_\_\_\_\_ Title \_\_\_\_\_

Year Business Established \_\_\_\_\_ How long with Present Owner \_\_\_\_\_

**LOCATION OF CAMPGROUND (legal address of all locations owned or leased)**

Location # 1 \_\_\_\_\_

Location # 2 \_\_\_\_\_

**MORTGAGES AND/OR LOSS PAYEES: (if more room required, please attach a list)**

| Name and full mailing address | Loss Payable on |
|-------------------------------|-----------------|
|                               |                 |
|                               |                 |

**PROTECTION:**

|  |   |
|--|---|
| Public Hydrants <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance to Premises  |
| Distance to Firehall (miles)   | <input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer |
| Location Of Firehall   | Town Grade  |

**GENERAL**

Are park operations seasonal?  Yes  No If year round describe winter activities \_\_\_\_\_

Do you plan any new facilities in the next 12 months?  Yes  No If yes, describe \_\_\_\_\_

Do you reside on park premises?  Yes  No Year round occupancy?  Yes  No

Is any part of the residence used for business? (i.e office, store etc.)  Yes  No

**CLAIMS HISTORY (5 YEARS): Include all Insured and Uninsured Losses**

| Date of Loss | Full Details of Loss | Amount Paid or Estimated |
|--------------|----------------------|--------------------------|
|              |                      |                          |
|              |                      |                          |
|              |                      |                          |
|              |                      |                          |

**PREVIOUS INSURANCE INFORMATION:**

Previous Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Did insurer decline to renew?  Yes  No

If yes, provide details \_\_\_\_\_

**Attach site plan showing locations of buildings, dimensions, separation.  
Attach photos of buildings as well. Include Brochure on park if available**

| BUILDING DETAILS                 | BUILDING #1  | BUILDING #2  | BUILDING #3  | BUILDING #4  |
|----------------------------------|--|--|--|--|
| Limit Required incl. foundations | \$   | \$   | \$   | \$   |
| Limit Required on Contents       | \$   | \$   | \$   | \$   |
| Describe Contents to be insured  |  |  |  |  |
| <b>OCCUPANCY</b>                 |  |  |  |  |
| Principal uses                   |  |  |  |  |
| Deep Fat Frying?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| BUILDING DETAILS  | BUILDING #1  |  | BUILDING #2  |  | BUILDING #3  |  | BUILDING #4  |  |
|---|--|--|--|--|--|--|--|--|
| <b>CONSTRUCTION DETAILS</b>   |  |  |  |  |  |  |  |  |
| Year of Construction  |  |  |  |  |  |  |  |  |
| Framing   |  |  |  |  |  |  |  |  |
| Exterior Walls  |  |  |  |  |  |  |  |  |
| Roof  |  |  |  |  |  |  |  |  |
| Height (# Stories)  |  |  |  |  |  |  |  |  |
| Area (Square Feet)  |  |  |  |  |  |  |  |  |
| Floor Construction  |  |  |  |  |  |  |  |  |
| Heat  |  |  |  |  |  |  |  |  |
| Hydro   |  |  |  |  |  |  |  |  |
| <b>Year of updates (This information is required on buildings over 20 years of age)</b> |  |  |  |  |  |  |  |  |
|   | Heat   |  | Heat   |  | Heat   |  | Heat   |  |
|   | Hydro  |  | Hydro  |  | Hydro  |  | Hydro  |  |
|   | Roof   |  | Roof   |  | Roof   |  | Roof   |  |
|   | Plumbing   |  | Plumbing   |  | Plumbing   |  | Plumbing   |  |
| Condition   |  |  |  |  |  |  |  |  |
| <b>PROTECTION</b>   |  |  |  |  |  |  |  |  |
| Approved CO2 system?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Service Contract in force on CO2?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Date CO2 system last tested   |  |  |  |  |  |  |  |  |
| Extinguishers   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Burglar Alarms  | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil |
| Monitoring Company  |  |  |  |  |  |  |  |  |
| Covers all accessible openings  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| U.L.C. approved   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Smoke/Heat Detectors  | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil | <input type="checkbox"/> Central<br><input type="checkbox"/> Local<br><input type="checkbox"/> Nil |

**MISCELLANEOUS COVERAGES**

|                            |                           |  |       |    |
|----------------------------|---------------------------|--|-------|----|
| Signs & Gates              | Description               |  | Limit | \$ |
| Hydro Poles & Transformers | Description               |  | Limit | \$ |
| Other                      | Description               |  | Limit | \$ |
| Extra Expense              |                           |  | Limit | \$ |
| Office Equipment Floater   | Building in which located |  | Limit | \$ |

**MISCELLANEOUS PROPERTY FLOATER**

| Description of Equipment                 |  | Limit |
|--|--|-------|
| 1  |  | \$    |
| 2  |  | \$    |
| 3  |  | \$    |
| 4  |  | \$    |
| 5  |  | \$    |
| 6  |  | \$    |
| 7  |  | \$    |
| 8  |  | \$    |
| Miscellaneous Tools- Max. Per Item \$500 |  | \$    |

Are any items described above used off campground premises?  Yes  No

If yes, describe \_\_\_\_\_

**BOAT & MOTOR FLOATER**

| Description of Boats & Motors |  | Limit |
|-------------------------------|--|-------|
| 1                             |  | \$    |
| 2                             |  | \$    |
| 3                             |  | \$    |
| 4                             |  | \$    |
| 5                             |  | \$    |
| 6                             |  | \$    |
| 7                             |  | \$    |
| 8                             |  | \$    |
| 9                             |  | \$    |
| 10                            |  | \$    |

**TRAILER FLOATER (trailers held for sale)**

Number of Units \_\_\_\_\_ Value of Each Unit \_\_\_\_\_ Limit \$ \_\_\_\_\_

**CRIME**

Loss Inside Premises & Loss Outside Premises \_\_\_\_\_ Limit \$ \_\_\_\_\_

Is there a safe or vault on premises  Yes  No Safe Rating/Classification \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

Limit Required \$ \_\_\_\_\_

# of Sites \_\_\_\_\_ # Serviced \_\_\_\_\_ # Serviced \_\_\_\_\_ # Permanent Trailers \_\_\_\_\_

# of Swimming Areas \_\_\_\_\_ Size/Depth \_\_\_\_\_

Water Slide  Yes  No Hay Rides  Yes  No

Recreation Hall \_\_\_\_\_ Facilities therein \_\_\_\_\_

Tennis Courts  Yes  No Horseback Riding  Yes  No Mini Golf  Yes  No Go Carts  Yes  No

# of Playgrounds \_\_\_\_\_ # of Trampolines \_\_\_\_\_

# of Rafts / Watercrafts \_\_\_\_\_ Use \_\_\_\_\_

# Watercraft Slips \_\_\_\_\_ # of Cabins/Trailers Rented \_\_\_\_\_ # of Trailer Units Sold \_\_\_\_\_

Any other exposures not previously described \_\_\_\_\_

**TOTAL ANNUAL INCOME FROM**

|                            |    |                                 |    |
|----------------------------|----|---------------------------------|----|
| Campsite Rentals Revenue   | \$ | Cottage/Trailer Rentals Revenue | \$ |
| Restaurant/Snack Bar- FOOD | \$ | Restaurant/Snack Bar- LIQUOR    | \$ |
| Fuel Sales                 | \$ | Boat Rentals                    | \$ |
| Propane Sales              | \$ | Trailers Sales                  | \$ |
| Other (describe)           | \$ | TOTAL RECEIPTS                  | \$ |
| Comments                   |    |                                 |    |

**BOAT RENTAL OPERATIONS (PLEASE SUPPLY A COPY OF RENTAL AGREEMENT)**

|  |  |                         |  |  |  |
|--|--|-------------------------|--|--|--|
| Rental Boat Max. Length  |  | # of units              |  | Term of Lease  |  |
| Rental Motors Max. HP  |  | # of units              |  | Term of Lease  |  |
| Does applicant rent PWC's?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of units              |  | Term of Lease  |  |
| Does applicant demonstrate the safe operation prior to releasing unit? |  |                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is proof of identity obtained?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what type?      |  |  |  |
| Is signed rental agreement obtained?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Minimum age requirement |  |  |  |
| How are rental units stored when not being rented?                     |  |                         |  |  |  |

I have read the above and I declare that information contained in this Application is true to the best of my knowledge and belief.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Title** \_\_\_\_\_

**Signature of Broker** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**COMPLETE DIAGRAM IN ALL CASES**

**APPLICATIONS MUST BE ACCOMPANIED BY PHOTOGRAPHS OF EACH BUILDING**

**Accuracy is important- draw approximately to scale and show dimensions of buildings and distance between buildings. Please show gas pumps, and location of fuel tanks if applicable as well.**

