J. D. Smith Insurance Brokers
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Richmond Hill, Ont., L4B 1C6
1-800-917-SAVE (7283)
Fax: 905-764-9618
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CAMPGROUND APPLICATION

Broker:	Address:
Applicant:	
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: ☐ Yes ☐ No	Distance to Premises:
Distance to Firehall (miles):	☐ Full Time ☐ 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	
If private residence do you require cover for Homeowners or Tenant's Package? ☐ Yes ☐ No If yes, please submit a Habitational Application for consideration	

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 OR impose special terms? ☐ Yes ☐ No	If yes, provide details:

Attach site plan showing location 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:				
OCCUPANCY: **Principal uses**				
Deep Fat Frying?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CONSTRUCTION DETAILS: **Year of Construction** **Framing**				
Exterior Walls				
Roof				
Height (# Stories)				
Area (Square Feet)				
Floor Construction				
Heat				
Hydro				
Age				
Year of updates **(Required on buildings over 20 years of age)**	Heat:_____ Hydro: _____ Roof: _____ Plumbing:_____	Heat:_____ Hydro: _____ Roof: _____ Plumbing: _____	Heat:_____ Hydro: _____ Roof: _____ Plumbing: _____	Heat:_____ Hydro: _____ Roof: _____ Plumbing: _____
Condition				
PROTECTION: Approved CO2 system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Service Contract in force on CO2?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date CO2 System Last Tested				
Extinguishers	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Burglar Alarms	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ Nil
Monitoring Company				
Covers all Accessible Openings	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
U.L.C. Approved	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Smoke/Heat Detectors	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ Nil	☐ Central ☐ Local ☐ 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.	$
9.	$
10.	$
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	$	Cottage / Trailer Rentals	$
Restaurant/Snack Bar - FOOD	$	Restaurant/Snack Bar - LIQUOR	$
Sale of Fuel	$	Boat Rentals	$
Sale of Propane	$	Trailer Sales	$
Other (describe)	$	TOTAL RECEIPTS:	$
Comments:			

BOAT RENTAL OPERATIONS:

Max. size of Rental Boat:	# of units:		Term of Lease:
Max. HP of Rental Motors:	# of units:		Term of Lease:
Does applicant rent PWC's? ☐ Yes ☐ No	# of units:		Term of Lease:
Does applicant demonstrate the safe operation prior to releasing unit? ☐ Yes ☐ No			
Is proof of identity obtained? ☐ Yes ☐ No		If yes, what type?	
Is signed rental agreement obtained? ☐ Yes ☐ No		Minimum age requirement:	
How are rental units stored when not being rented?			

PLEASE SUPPLY A COPY OF RENTAL AGREEMENT.

NOTE: IF QUOTE FOR HOMEOWNERS OR TENANTS PACKAGE IS REQUIRED A FULLY COMPLETED HABITATIONAL APPLICATION IS REQUIRED

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:** _____

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.

COMPLETE DIAGRAM IN ALL CASES:

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