



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

CAMPGROUND OR RV PARK SUPPLEMENTAL DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Length of season: _____
7. Who was your last or is your current insurance carrier? _____
8. What is or was your annual premium? _____
9. Describe your claims and loss history: _____

10. Amount of Liability Required:

<input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate	<input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate
11. Self-Insured Retention desired: \$1,000 \$2,500 \$5,000 Other: \$_____

Business Activities

12. Describe all activities for which coverage is being requested.
 - a. _____
 - b. _____
13. Premises/Locations:
 - a. Size of Location: _____
 - b. Total Number of Campsites: _____ Full Hookup: _____ Tent: _____
Pull Thru: _____
 - c. Is there any water located on the premises? Yes No
If yes, what kind? Pond(s) Lake(s) Creek(s) River(s)
14. Does your Campground include:

	YES	NO		YES	NO
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Playground	<input type="checkbox"/>	<input type="checkbox"/>	Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Hall	<input type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	Showers	<input type="checkbox"/>	<input type="checkbox"/>
Dump Station	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Mini Golf	<input type="checkbox"/>	<input type="checkbox"/>	Propane	<input type="checkbox"/>	<input type="checkbox"/>
Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Petting Zoo	<input type="checkbox"/>	<input type="checkbox"/>	Baby Sitting Service	<input type="checkbox"/>	<input type="checkbox"/>
Sport Course	<input type="checkbox"/>	<input type="checkbox"/>	Type:	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

15. Which, if any, of the above items are charged for separately? _____
16. How often is equipment checked and inspected? _____
17. Who is responsible for equipment maintenance? _____
18. Do your customers use or rent any of your equipment? Yes No
- a. Type of equipment rented: _____
- b. Manufacturer: _____
- c. Safety features: _____
- d. Number of rentals per year: _____
- e. Do you keep any maintenance records? Yes No
If yes, please describe: _____
- f. Age requirements for use: _____
- g. Do you use a release waiver form for those rentals? Yes No
19. Do you have an accident/emergency plan? Yes No
If yes, please enclose a copy.
20. Are any activities supervised? Yes No
If no, please describe: _____
21. Do you use registration waivers? Yes No
If yes, please attach a copy.
22. Are medical facilities or first aid stations/personnel provided? Yes No
23. What is the distance to the nearest medical facility? _____
24. Are you inspected by any outside entity? Yes No
If yes, who?: _____
25. Do you utilize Independent Contractors as employees? Yes No
26. What is the minimum age of employees? 16-18 18-21 21+
27. How many employees do you utilize? _____
28. Are there any Independent contractors or concessions operating on your business premises? Yes No
If yes, please list: _____
29. Have you obtained certificates of insurance from all independent contractors or concessions? Yes No
If yes, please enclose copies.

30. Camp Usage

Description of Campsite	Annual number of sites used	Charge per site
Full Hookup		
Pull Thru		
Tents		
Other:		

31. Average Number of Campers per site: _____

32. Gross Receipts:

	Last Year	Estimate for this Year
Camping		
Retail Store		
Other:		

33. Please list all individuals or entities requiring certificates of Insurance or Additional Insureds. Include complete names and address, as they should appear on the form. Explain all others.

	Land Owner	Government Agency	Concessions Contracts	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Checklist of items needed if coverage is bound:

<input type="checkbox"/> Brochure	<input type="checkbox"/> Advertising Materials
<input type="checkbox"/> Personnel Roster	<input type="checkbox"/> Registration Form
<input type="checkbox"/> Emergency Plan	<input type="checkbox"/> Operating Plan, Procedural Manual (Optional)
<input type="checkbox"/> Liability Waiver (if used)	<input type="checkbox"/> First Aid Kit List
<input type="checkbox"/> Staff Manual (Optional)	

Important: Not everyone will have all these items. Not all these items are essential. The Association will work with you to develop the required materials that you may not have.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name