

RESORTS, LODGES & CAMPGROUND APPLICATION

GENERAL INFORMATION

Name of Insured: _____

Mailing Address: _____

Insured Location: _____

Website address: _____

Seasonal or Annual Operation: _____ If Seasonal, months of operation _____

Does the resort have full road access? Yes No If not, is the resort accessed by Boat or Fly in Only? _____

Desired effective date: _____ Target Premium: _____

Current Insurance Company: _____

Has Applicant been declined, cancelled or refused insurance in the past? Yes No

If yes, details:

Full Description of Operations: _____

How long has the resort/lodge or campground been in operation? _____

How many years' experience does the insured have operating a resort/lodge or campground? _____

Does the Insured a/o employee live on site? Yes No

Number of Employees: _____ Full-Time: _____ Part-Time: _____

Claims History – Any claims from the past 5 years? Yes No

If yes, list all claims open and closed from the past 5 years:

Exposure	Gross Revenues
Accommodations	
Food	
Liquor	
Boat Rental	
Convenience Store	
Other (please list)	

CAMPGROUND

of sites: _____ # of employees: _____

*Please provide a copy of the rules (hours/grounds keeping maintenance/housecleaning, quiet time hours, when fires have to be put out and checked, rules for pets, etc.) & the rental agreement/waiver

RESTAURANT / LOUNGE / RECREATION HALL OR PUB

Is there a restaurant/lounge or bar? Yes No If yes, is it only for guest use? Yes No
Is there liquor being served? Yes No *If yes, we will require our Hospitality Application to be completed and returned
Is there live entertainment? Yes No
Do you host special events? Yes No Are separate special event policies purchased? Yes No

WORKSHOP

Does the insured have a workshop on premises? Yes No
If yes, please advise:
 Is there any millwork/carpentry work? Yes No
 Is there any automotive work? Yes No
 Is there any welding operations? Yes No

AMENITIES

Are there any long term rentals offered (excess of 30 consecutive days)? Yes No
Are guests permitted to bring pets? Yes No
Is there cooking allowed in any of the cabins? Yes No Do any structures have Hot Plates: Yes No
Are there BBQ's? Yes No Are there fire pits? Yes No
Playground? Yes No If yes, advise the age, ground cover, type of equipment and how often it is maintained:

Is there a land or water trampoline or water inflatables? Yes No If yes, please list: _____
Is there a Swimming Pool? Yes No Is there a lifeguard? Yes No
Are rules clearly posted for all guests using the pool? Yes No
Is there parental supervision required for children using the pool? Yes No If so, what age _____
Is the pool fenced and locked after operating hours? Yes No
Who is responsible for the maintenance? _____
Is there a lake or beach front? Yes No If yes, please advise: _____
Is there a designated swimming area? Yes No Rules posted for guests use? Yes No
Are there any docks? Yes No For guest use only? Yes No
Do you rent out ATVs, Snowmobiles or E-Bikes? Yes No
Is there a convenience store? Yes No
If so, is there tobacco, liquor, lottery, hunting/fishing equipment, fireworks or propane sold?

GUIDED TOURS:

Are there guided tours offered by the Insured? Yes No What type? _____

*If yes, applicable supplement application will be required to be completed and returned

TRANSPORTATION:

Do you transport participants with your own or leased vehicles? Yes No

If yes, please explain: _____

Do you have a commercial auto policy in place? Yes No

Average lengths of road or vehicle travel _____ km or _____ miles.

Type of road used: _____ Highway _____ Rural _____ City Routes _____ Off-road _____

Do you have an aircraft? Yes No

Name of current carrier/limits of insurance held: _____

Do you operate an airstrip? _____

WATERCRAFT

Does the insured offer water skiing, wake boarding or any other water sport type activity? Yes No

Do you rent out non-motorized (canoe/kayak/paddle boards) or motorized watercrafts for guest use? Yes No

Are waivers signed by guests for the rentals? Yes No

Are parents or legal guardians required to sign waivers for their children aged 18 and under? Yes No

*Please provide a full list of all equipment/watercrafts for rent including HP (over 50hp would be referred to our Marine department)

OTHER AMENITIES:

Provide a list of any other activities offered by the insured:

MAINTENANCE

Describe regular maintenance of facility: _____

Do you document this maintenance in writing? Yes No

Who is responsible for snow/ice removal? _____

Water Supply

Is the water supply private or public? _____

If private, who is responsible for testing and submitting samples to the proper authorities? _____

Security

Who handles disturbances/ fights/ ejections/ crowd control in your facility: _____

Please describe procedures: _____

Safety

Is first aid available on site? Yes No

What are the response times for the following?

Fire Station: _____

Police: _____

Hospital: _____

Do you have the following in place:

Written Emergency Plans Yes No

Safety Inspection Checklist Yes No

Maintenance Log Yes No

Video Surveillance Yes No

PROPERTY

***Please provide a SOV for multiple buildings**

Construction

Select the Construction Class, which best describes your building:

Fire Resistive

Masonry, Non Combustible

Non Combustive

Masonry

Masonry Veneer

Frame

Number of buildings _____ # of Cabins _____ # of RV sites _____ #of Campsites _____

What is the original age of all the buildings? _____

Type of Plumbing & upgrades? _____

Type of Electrical & upgrades? _____

Type of Heating & upgrades? _____

Roof - construction and last replaced? _____

Are there space heaters in any of the buildings? _____

Are there woodstoves or wood heat in any of the buildings? _____

****If any woodstoves/heat – Must be CSA or ULC approved units; professionally installed and WETT certified**

Require WETT inspection for review - this will be required prior to quoting

Public Fire Protection

Fire Department: Paid F/T Paid P/T VFD Distance/Response Time _____

Municipal Hydrants: Within 500 Feet Between 500 and 1000 feet Over 1000 feet

Private Hydrants on property Yes No

Private Fire Protection

Smoke Detection in each building? _____

Fire Extinguishers in each building? _____

Any other Private Protection, if so, please list: _____

Property/BI	Amount of Insurance
Main Lodge	
Dwelling	
Cabin(s); indicate if more than one including values separately	
Other Buildings (list required)	
Contents	
Equipment	
Contractors Equipment (list required)	
Office Contents	
Computer/EDP	
Profits – 12 Month POI	
Non-Motorized Watercraft (list required)	
Motorized Watercraft (list required including hp)	
Equipment Breakdown	Amount of Insurance
Equipment Breakdown	
Crime Coverages	Amount of Insurance
3D Coverage – Employee Dishonesty:	
3D Coverage – Other Covers	
Other	
Liability Coverage	Amount of Insurance
Commercial General Liability	

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Signature of Owner /Operator

Print Full Name

Date

Signature of Witness

Print Full Name