



OREGON
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<http://www.hullconw.com>

RESORT AND CAMPGROUND QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

1. Do you own and/or rent snowmobiles, jet skis, water-skis, ATV's or trampolines? Yes No
(Acceptable for CSIC if the exposure is excluded using CGL 325 or CGL 317)
2. Do you have a diving board or water slide on the premises? Yes No
3. Do you own and/or rent saddle animals? Yes No
4. Do you offer boat rentals with motors over 75 HP? Yes No

If you answer "NO" to the following question, you are not eligible for coverage.

5. Does the owner or a manager live on or next to the premises year round? Yes No

GENERAL INFORMATION

1. What are the total annual sales for each of the following:
 - a. Cabin rental sales? \$ _____
—
 - b. Camp site rental sales? \$ _____
—
 - i. If any, how many camp sites? # _____
—
 - ii. If any, how many camper/RV pads? # _____
—
 - c. Groceries/supplies/gifts? \$ _____
—
 - d. Restaurant/concessions (food sales)? \$ _____
—
 - e. Liquor/tavern (liquor sales)? \$ _____
—
 - f. Bicycle rental sales? \$ _____
 - g. Boat rental sales? \$ _____
 - i. If any, how many boats? # _____

2. What is the number of each of the following:

- a. Gasoline/LPG gallons sold? # _____
- b. Dock slips/tie-ups available for rent? # _____
—
- c. Archery or firearm ranges? # _____
—
- d. Swim rafts? # _____
—
- e. Jumping pillows? # _____
—

3. Do you have any of the following:

- a. Playground equipment? Yes No
- b. Hay wagon rides? Yes No
- c. Operate a petting zoo? Yes No
 - i. Are sanitization stations provided? Yes No

4. Are the cabins heated by wood-burning stoves? Yes No

If "YES," complete the **CICG 015 - Wood-burning Stove Questionnaire**

OTHER OPERATIONS

For any outfitter or guide services please complete: **CGE 136 - Outfitters and Guides Questionnaire**

For any swimming exposure please complete: **CGE 160 - Swimming/Water Feature Questionnaire**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLWEDE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date