

# Signature Park Application Form

## General Information

Name of Insured:	
Mailing Address:	
Risk Location: ( <input type="checkbox"/> as above)	
Contact:	Title:
Website:	Policy Expiry Date:

1. Has the Management or Ownership changed in the last 12 months?  
If Yes, please explain:
2. Does the Park have a Risk Management Manual?
3. Is your Park a member of any Industry Associations? (please list)
4. Has your Insurance Coverage ever been Canceled or Non-renewed?
5. What is your Target Premium?

## Coverage Level Requested

**secure.**
                         
  **select.**
                         
  **standard.**

**Property Deductible:**

**CGL Limit:**

**CGL Deductible:**

## Operations

<b>Number of Campsites:</b>	<b>Activities Offered:</b> i.e. Swimming Pool, Waterpark, Marina, Trampoline, Tennis, etc.		
<b>Grocery/Convenience Store:</b>	<b>LP Gas Sales:</b>	<b>Off-Season Storage:</b>	<b>Open Year Round:</b>

1. Are there any other Services or Activities offered that have not been described above?  
If Yes, please describe:
2. Does a Park Employee visit the premises daily during the Off Season?
3. What changes in Operations or Construction do you anticipate over the next 12 months:
4. Annual Operational Dates: Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

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## Umbrella and Business Interruption Coverage

1. Do you wish to purchase **Business Interruption** coverage?

Limit Required \$ (Please complete and include a Business Interruption Worksheet & Financials)

2. Do you wish to purchase **Umbrella** coverage?

Limit Required \$

## Claims History - Please describe ANY and ALL claims or legal actions that you have had within the last five years.

- At the time of signing this application there have been no reported losses in the last 5 years.
- At the time of signing this application there are no known losses or circumstances which may give rise to a claim.

1. Date: Type:

Reserve: \$ Amount Paid: \$

Description:

2. Date: Type:

Reserve: \$ Amount Paid: \$

Description:

### Loss Prevention Measures:

## Declarations

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Name of Applicant:

Position:

Signature of Applicant:

Date:

## Signature Park Property Schedule

Building Name	Size (sq. ft)	Value	Contents & Equipment	Stock Value	Total Limit
Main Store/Office		\$	\$	\$	\$
Main House		\$	\$	\$	\$
Central Washroom		\$	\$	\$	\$
Maintenance Building		\$	\$	\$	\$
Recreation Building		\$	\$	\$	\$
Storage Building		\$	\$	\$	\$
Playground Equipment		\$	\$	N/A	\$
Shelters / Washrooms		\$	\$	N/A	\$
Pool Equipment	N/A	\$	\$	N/A	\$
Water Treatment	N/A	\$	N/A	N/A	\$
Bridges & Retaining Walls	N/A	\$	N/A	N/A	\$
Signs (Free Standing)	N/A	\$	N/A	N/A	\$
Electronic Data Processing Equipment	N/A	\$	N/A	N/A	\$
Other:		\$	\$	\$	\$
<b>SUB TOTAL 1</b>		\$	\$	\$	\$

Listing of Required Property Limits	Limit
Golf Carts/Mobile Equipment	\$
Landscaping Machinery	\$
Other (Machinery):	\$
Water Equipment / Boats	\$
Personal Effects of Park Employees	\$
Other (Property):	\$
Other (Property):	\$
<b>SUB TOTAL 2</b>	\$
<b>SUB TOTAL 1</b>	\$
<b>GRAND TOTAL</b>	\$



# Signature Park Liability Form

**RV Park Name:**

1. Is there a written Risk Management Program in place?
2. Is there a formal Training Program for employees?
3. Is there a Medical Log documenting illnesses, injuries and all treatments to guests?
4. Are pets allowed?
5. Is there an on-site Sewage Treatment facility?
6. Is LPG sold on-site? Does an Employee fill Tanks?
7. Is Gasoline sold on-site?
8. Is Liquor and or Beer sold for consumption?
9. Has the Applicants Liquor License ever been revoked, suspended or fined?
10. Is a Designated Driver Program in use and promoted by the Park?
11. Is Taxi Service available at your Park?
12. Are any of the Operations involving Liquor or Food contracted out?
13. Do all Event Sponsors sign Written Contracts including Indemnity and Waiver clauses?
14. Does the Park require all Independent Contractors to carry Liability Insurance?
15. Are Park Renters and Guests required to sign Waivers?
16. Are the Park Rules and Code of Conduct signs posted?
17. Does the Park transport Members or Guests?
18. Does the Park provide any off-site Grounds Keeping Services such as Snow Removal?
19. Has there ever been any Flooding on the Park Property? If Yes, please provide details.
20. Are there any Septic Tanks on the Property?
21. Are there any Wells used for Potable Water?
22. Are Pesticides and/or Fertilizers stored at the Park? If Yes, provide details of storage.
23. Is there any Surface Water located on the Property? If Yes, please provide details.
24. Does the Park have Fuel Storage Tanks? If Yes, please complete the chart below.

	Above Ground or Below Grade	Steel or Fiber-glass	Product Stored	Capacity (Litres)	Year Installed	Double Lined	Vehicle Impact Barriers	Dyke for Spill Containment
1								
2								
3								

All Underground Storage Tanks Are Excluded. For Coverage Please Inquire Separately.

## Signature Park Activity Revenues

Revenues - Annual Gross Revenues (please estimate the split).

Seasonal Rental Fees	\$
General Store	\$
Laundry	\$
Food Services	\$
Liquor Revenue	\$
Special Events / Wedding Rentals	\$
Property Maintenance Fees	\$
Other Revenues:	\$
Total Revenues	\$

- End of Application Form -

Please submit the completed form to Signature Risk Partners at:

[applications@signaturerisk.com](mailto:applications@signaturerisk.com)