



# APPLICATION FOR RECREATIONAL FACILITIES

1. Name of Applicant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Individual Corporation Partnership Club Other (Explain) \_\_\_\_\_

3. Address of location to be insured (If same as above, write "same") \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Established: \_\_\_\_\_

5. Dates open for business. \_\_\_\_\_

6. Activities Offered (Check appropriate boxes)	Receipts derived from each	Activities Offered (Check appropriate boxes)	Receipts derived from each
Swimming	\$ _____	Boat Rental	\$ _____
Boat Moorage or storage	\$ _____	Waterskiing	\$ _____
Cabin or Trailer Rental \$ _____		Picnic Grounds	\$ _____
Hunting / Fishing	\$ _____	Tours / Field Trips	\$ _____
Dances	\$ _____	Rifle or Archery Ranges	\$ _____
Horseback Riding	\$ _____	Pony or Hayrides	\$ _____
Equipment Rental	\$ _____	Bicycle Rental	\$ _____
Fireworks	\$ _____	Camps / Boys or Girls	\$ _____
Amusement Devices (Not including playground equipment)	\$ _____	Sports Offered (Golf, Tennis, Baseball, etc.)	\$ _____
Hiking	\$ _____	Concerts	\$ _____

If other activities are provided but not shown above, please describe and provide receipts.

\_\_\_\_\_

6a. If receipts are not separated, advise total receipts: \$ \_\_\_\_\_

6b. If you offer sports, advise age range of participants for each type: \_\_\_\_\_

\_\_\_\_\_

6c. Are injury waivers signed by sports participants or legal guardians? Yes No

7. Please attach any brochures, flyers or literature about your organization or operations.

8. If you receive income from any of the following sources or if you sell any of the following products, please show the annual receipts:

Sundry items	\$ _____	Boat Sales	\$ _____
Gasoline sales	\$ _____	Boat Repair	\$ _____
Food & Drink	\$ _____	Other:	\$ _____
Propane	\$ _____		

Is any alcohol sold or allowed on your premises? If yes, what limits do you carry on your Liquor Liability coverage? \$ \_\_\_\_\_ Yes No

9. If you offer swimming or boating, provide the appropriate information:

	Pool	Lake	Ocean	River/Stream
--	------	------	-------	--------------

Hours of operation \_\_\_\_\_ Hours lifeguard on duty (if any) \_\_\_\_\_  
 Any slides? Yes No Any diving boards? Yes No Height: \_\_\_\_\_  
 Any depth markings? Yes No Is pool fenced? Yes No  
 If you operate as a club, advise number of members (individual): \_\_\_\_\_  
 If family membership, advise number (families): \_\_\_\_\_

10. If boat rental, please advise number of boats, type of boats, horsepower of boats and length of boats. \_\_\_\_\_  
 \_\_\_\_\_

Are boats provided with U.S. Coast Guard approved jackets? Yes No

Do you carry accident and health insurance for participants or campers? Yes No  
 If yes, at what limits? \_\_\_\_\_

If you have a children's camp, advise number of camper days \_\_\_\_\_  
 (Number of campers X Number of days = Camper days)

Advise counselor to children ratio: \_\_\_\_\_

If rifle or pistol range provided, describe range and safety precautions. \_\_\_\_\_  
 \_\_\_\_\_

Does range meet NRA specifications? Yes No

If you rent or sell guns or equipment, list types: \_\_\_\_\_  
 \_\_\_\_\_

Do you get waivers of any kind? Yes No  
 Explain: \_\_\_\_\_

If you offer field trips, describe types and age groups: \_\_\_\_\_  
 \_\_\_\_\_

If you lease entire camp grounds to others, do they hold you harmless or do you require them to carry specific limits of insurance and name you as an additional insured? If yes, please explain: Yes No  
 \_\_\_\_\_

11. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	\$ _____
Products – Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (up to \$50,000 limit available)	\$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available)	\$ _____ any one (1) person
Each Professional Incident Limit (if applicable)	\$ _____

12. During the past 3 years, have any claims been presented to you or your client or prior insurance carrier? If yes, explain: Yes No  
 \_\_\_\_\_

13. Have you ever had an application for liability insurance denied, policy cancelled or non renewed in the past three years? If yes, explain: \_\_\_\_\_ Yes No

14. Any additional insured required? If yes, advise name and interest in your operations: \_\_\_\_\_ Yes No

15. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits	Type of Coverage

THE COMPANY MAY NOT BE ABLE TO PROVIDE ALL THE COVERAGE YOU REQUEST IN THIS APPLICATION.  
BE SURE YOU REVIEW YOUR COVERAGES WITH YOUR AGENT.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_