

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Mobile Home Parks and Campgrounds Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Operation:

Permanent Park RV Park Campground

2. Number of spaces:

Number of permanent spaces: _____

Number of tourist (RV and Camping) spaces: _____

Number of permanent or tourist spaces containing your units rented to others: _____

Year of construction of the oldest rental unit (NY only): _____

3. Operating season:

From _____ to _____

4. Other operations:

Tennis/Racquetball/Volleyball/Basketball Courts
and Baseball Diamonds

Number: _____

Bathing Beaches

Number: _____

Bicycle Trails

Number of trail miles: _____

Boats

Number: _____

Type: _____

Boat Docks/Slips

Number: _____

Club House including any exercise room

Square footage: _____

Convenience Store

Number: _____

Total sales: \$ _____

Horse Trails

Number of trail miles: _____

Lakes

Lake formed by a Dam (complete GLS-113)

Number of acres: _____

Parks

Number of acres: _____

Playgrounds

Number: _____

Restaurants/Lounges

Number: _____

Total sales: \$ _____

Saddle Animals for Hire

Number: _____

(describe): _____

Saunas

Number: _____

Security Guards

Number employed: _____

Number of independent guards: _____

armed unarmed

Shooting Ranges

Number: _____

Type (bow, shotgun, etc.): _____

Spas/Hot Tubs

Number: _____

4. Other operations (continued):

- Streets and Roads
Number of miles: _____
- Swimming Pool
Number Indoor: _____
Number Outdoor: _____
 - in-ground above-ground
- Diving boards/slides/diving platforms?..... Yes No
- Diving board/slide height: _____ ft.
- Swimming rules posted?..... Yes No
- If an outdoor pool, is it fenced with a self-latching gate? Yes No
- Life-safety equipment available at pool side?..... Yes No
- Certified lifeguard available when swimming is allowed?..... Yes No

- Ice skating
- Golf course
- Recreational equipment rental (snowmobiles, etc.)
Describe: _____
- Ski lifts/tows
- LPG sales and/or equipment maintenance
- Waterworks and/or sewage treatment/disposal facilities
- Facility built on former landfill or dump
- Wilderness or primitive camping available

5. Describe any additional recreational facilities or operations conducted by you or others on the premises:

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____