

APPLICATION FOR: **Campgrounds, Resorts, Hotels & Motels**

**Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.**

Name of Insured ("Applicant"): \_\_\_\_\_

DBA \_\_\_\_\_ Insured is  Corp  LLC  Other: \_\_\_\_\_

**SECTION I. CAMPGROUND/RESORT**  N/A

Number of Campsites \_\_\_\_\_ Number of RV Hookups \_\_\_\_\_ Number of Cabins \_\_\_\_\_

Are the campground/resort activities sub-contracted to another company?  Yes  No

**\*If yes, provide copy of contract and certificate of insurance naming you as additional insured.**

Is there adequate lighting to illuminate all pathways during hours of low visibility?  Yes  No

Is access to the campground/resort controlled by a gate and perimeter fence?  Yes  No

Do security guards control access to the camp/resort and regularly patrol grounds?  Yes  No

Date of last board of health or state inspection: \_\_\_\_\_ Passed?  Yes  No

Is there a medical log documenting illnesses, injuries, and/or treatments for campers?  Yes  No

Are rules posted throughout the campground? **\*If yes, provide a copy.**  Yes  No

Are campfires allowed?  Yes  No

Are there fire hydrants on or near premises?  Yes  No

Is there a fire station within a 5 mile radius?  Yes  No

Do sleeping rooms have smoke and carbon monoxide detectors?  Yes  No

Are pets allowed?  Yes  No

If yes, describe rules to allow pets: \_\_\_\_\_

Are there any open bodies of water near the campsite?  Yes  No

If yes, are any of the following activities allowed: Boating, Canoeing, Kayaking, and Swimming?  Yes  No

If swimming is allowed in a nearby lake, is the swimming area roped off and life guard present?  Yes  No

Is there a swimming dock?  Yes  No Is nighttime swimming allowed?  Yes  No

Do you rent recreational equipment such as boats, jet skis, canoes, paddle boards or kayaks?  Yes  No

If yes, are rental agreements and waivers signed? **\*Provide a copy of waiver.**  Yes  No

Are renters trained in the safe operation of each piece of equipment?  Yes  No

Must the renters be at least 18 years of age to rent the equipment?  Yes  No

Are life jackets mandatory?  Yes  No

Is regular maintenance conducted on equipment?  Yes  No

List any playground equipment and its condition: **\*Provide photos.** \_\_\_\_\_

Are there shower and laundry facilities on-site?  Yes  No

How often are these facilities serviced and maintained? \_\_\_\_\_

Are there golf carts used by the employees?  Yes  No Do you rent golf carts?  Yes  No

If yes, are procedures in place to regularly inspect units for mechanical condition?  Yes  No

Are renters trained in the safe operation of the units?  Yes  No

Are carts rented to licensed drivers only?  Yes  No Are waivers signed? **\*Provide copy.**  Yes  No

Is there horseback riding?  Yes  No Are ATVs allowed or rented?  Yes  No

If yes to either horseback riding or ATV rentals, these services must be sub-contracted to another company or the coverage must be placed elsewhere – **\*provide proof of insurance for these services.**

Are there any health spa services on premises?  Yes  No

If yes, these services must be sub-contracted to another company or the coverage must be placed elsewhere – **\*provide proof of insurance for these services.**

**SECTION II. HOTEL/MOTEL**  N/A

Number of Guest Rooms \_\_\_\_\_ Number of Stories (Floors) \_\_\_\_\_ Occupancy Ratio \_\_\_\_\_

Is there a manager on duty at all times?  Yes  No

Is there security on site at all times?  Yes  No  Employed or  Contracted

**\*If contracted, provide certificate of insurance.** If employed, criminal background checks?  Yes  No

Are there video surveillance cameras for the hotel?  Yes  No How many cameras? \_\_\_\_\_

Are guest rooms interior or exterior entry?  Interior Entry  Exterior Entry

Is entry to all guest rooms done by electronic key cards?  Yes  No

Do all guest rooms have deadbolt locks, door chain guards, and eye holes?  Yes  No

Please explain procedures if a guest loses his/her key card: \_\_\_\_\_

Are housekeeping services provided for each room daily?  Yes  No

If no, please explain: \_\_\_\_\_

Are employees trained in safety /evacuation procedures in the event of fire or other emergencies?  Yes  No

Other than elevators, are there at least two means of egress from each floor?  Yes  No

Are evacuation plans posted in each room and on each floor?  Yes  No

Are smoke and carbon monoxide detectors hard-wired to the hotel's electrical system?  Yes  No

Is emergency lighting located in all rooms, hallways, stairwells and common areas?  Yes  No

Are bathrooms equipped with hand rails and non-slip surfaces?  Yes  No

Are the gym facilities controlled by key card access?  Yes  No

Is there a swimming pool in the hotel portion of the premises?  Yes  No

If yes, how many pools, hot tubs, and/or saunas? \_\_\_\_\_

Is the pool area controlled by key entry/access?  Yes  No Is the pool area fenced/enclosed?  Yes  No

Is life safety equipment present at all times?  Yes  No Are life guards on duty?  Yes  No

Do the rules specifically state that children must be accompanied by an adult at all times?  Yes  No

Are there valet services provided?  Yes  No **\*If yes, please complete the Valet & Parking Lot Supplemental.**

Are shuttle services provided?  Yes  No If yes, provided by:  Applicant or  Sub-contractor

Are there any health spa services on premises?

Yes  No

If yes, these services must be sub-contracted to another company or coverage must be placed elsewhere – please **\*provide proof of insurance for these services.**

**The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**

**It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**

**It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**

Submitted by: \_\_\_\_\_  
(Agent)

Applicant Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Please Print)

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

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

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