CENTURY INSURANCE GROUP

Campgrounds Supplemental Questionnaire

(Complete in addition to ACORD Application)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

A.	IN	SURED		
В.	GENERAL INFORMATION:			
	1.	Number of years in this type of business:		
	2.	Number of years this business has been in operation:		
	3.	Are buildings located near trees that may fall? Yes No		
		a. Are the buildings grounded properly? Yes No		
	4.	Is the campground vacant or unoccupied for more than 60 days of the year? Yes No If Yes:		
		a. Days Vacant Per Week		
		b. Weeks Vacant Per Year		
	5.	What is the condition of the campsites and of the sanitary facilities?		
	6.	Are propane tanks filled and serviced on the premises? Yes No		
	7.	Is a trailer repair or storage operation conducted? Yes No		
	8.	Is propane or other fuel stored safely away from combustibles? Yes No		
C.	PF	PROPERTY COVERAGE INFORMATION FIRE PROTECTION & SECURITY		
	1.	Sprinkler system		
		If yes, % of building square footage covered by sprinkler system		
		All Buildings Sprinkler Protected? Yes No		
		Only Common Areas of Buildings Sprinkler Protected? Yes No		
	2.	Smoke Detectors in each Building? Yes No Hard Wired or Battery?		
		If Yes where are Detectors located?		
	3.	Type of Wiring – Copper or Aluminum?		
	4.	Type of Roof?		
	5.	Any Wood Shake shingle roofs? ☐ Yes ☐ No		
	6.	Does the owner live on the premises? Yes No		
	7.	How far apart are the campground buildings from each other?		
		a. How far are buildings from the campsites?		
		b. How many buildings?		
	8.	Distance from nearest:		
		a. Responding Fire Stationmiles		
		b. Fire Hydrantfeet		

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9.	Desci	ribe any alternative water supply
	a.	How close is it to buildings? (feet/miles)
	b.	How accessible is it?
10.	Do t	the buildings have appropriate and operational fire extinguishers? Yes No
	a.	How many Fire Extinguishers in each building?
	b.	Serviced & Tagged within the past year?
	C.	Do the employees know how to use them? Yes No
11.	What	fire prevention rules does the campground enforce?
	a.	Are the campers made aware of them?
	b.	What controls are employed?
12.	Are c	ampers restricted to building fires only in fireplaces or stoves? Yes No
13.	Are a	mple trash receptacles provided?
	a.	Are they emptied frequently? Yes No
	b.	Are the campsites patrolled adequately for trash control? Yes No
	C.	How is trash disposed of?
14.	Is Sec	curity Provided?
15.	What	Type of Security? Patrol Gated AccessAlarm Systems
16.	If Pat	rol, please answer the following questions:
	a.	Armed or unarmed?
	b.	Days of week?
	C.	24 hour security?
17.	Does	the campground have security gates? Yes No
	a.	Is the entire campground complex gated? Yes No
	b.	How is access obtained?
	C.	Who is given access?
18.	If alar	m systems are provided, please provide answers to the following questions
	a.	Central station fire and burglary alarm ☐ Yes ☐ No
	b.	Central station fire alarm only Yes No
	C.	Central station burglary alarm only Yes No
	d.	Are alarm systems in every building? ☐ Yes ☐ No
	e.	Who monitors the alarms?

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D. GENERAL LIABILITY INFORMATION

1.	Do campgrounds provide any lakes for boating or fishing? Yes No
2.	Does the insured provide rental of any boats or canoes used by the campers? Yes No
3.	Does the insured provide hook ups for gas and water to RV's? ☐ Yes ☐ No
4.	Any fireworks displays provided on certain holidays? Yes No
5.	Does the insured provide saddle animals to be used on hiking trips? Yes No
6.	Any swimming pools? ☐ Yes ☐ No
	a. If so, do they provide proper protection? Yes No
	b. Self locking gates?
	c. Any lifeguards? Yes No
	d. Any diving boards?
	If yes, how many feet up from the pool?
7.	Are there any restaurants or retail stores on the ground? Yes No
	If yes, provide type and gross annual sales.
8.	Any clubhouses or other enclosed areas of entertainment? Yes No
	If yes, provide details and area in sq. footage.
9.	Does the insured provide any other services to campers that are not listed here? Yes No
	If yes, please provide details.
	oplication does not bind the applicant nor the Company to complete the insurance, but it is agreed that the ation contained herein shall be the basis of the contract should a policy be issued.
	oplicant, Agent, and/or Broker represents that the above statements and facts are true and that no material ave been suppressed or misstated.
Anv p	erson who knowingly and with intent to defraud any insurance company or other person files an
applicathe pu	ation for insurance or statement of claim containing any materially false information or conceals for rpose of misleading, information concerning any fact material thereto commits a fraudulent insurance hich is a crime and subjects such person to criminal and civil penalties.
Applica	ant: Producer:
Signati	ure: Signature:
Date:	Date:
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