

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
Recreational Facilities

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. Individual Corporation Partnership Club Other (Explain) _____

3. Address of location to be insured (If same as above, write "same") 4. Date Established: _____
Street Address _____
City _____ State _____ Zip _____

5. Dates open for business. _____

Activities Offered (Check appropriate boxes)	Receipts derived from each	Activities Offered (Check appropriate boxes)	Receipts derived from each
<input type="checkbox"/> Swimming	\$ _____	<input type="checkbox"/> Boat Rental	\$ _____
<input type="checkbox"/> Boat Moorage or storage	\$ _____	<input type="checkbox"/> Waterskiing	\$ _____
<input type="checkbox"/> Cabin or Trailer Rental	\$ _____	<input type="checkbox"/> Picnic Grounds	\$ _____
<input type="checkbox"/> Hunting / Fishing	\$ _____	<input type="checkbox"/> Tours / Field Trips	\$ _____
<input type="checkbox"/> Dances	\$ _____	<input type="checkbox"/> Rifle or Archery Ranges	\$ _____
<input type="checkbox"/> Horseback Riding	\$ _____	<input type="checkbox"/> Pony or Hayrides	\$ _____
<input type="checkbox"/> Equipment Rental	\$ _____	<input type="checkbox"/> Bicycle Rental	\$ _____
<input type="checkbox"/> Fireworks	\$ _____	<input type="checkbox"/> Camps / Boys or Girls	\$ _____
<input type="checkbox"/> Amusement Devices (Not including playground equipment)	\$ _____	<input type="checkbox"/> Sports Offered (Golf, Tennis, Baseball, etc.)	\$ _____
<input type="checkbox"/> Hiking	\$ _____	<input type="checkbox"/> 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 Yes No
do you carry on your Liquor Liability coverage? \$ _____

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
Is your source of drinking water a private well or spring? Yes No
Is your water tested for contaminants at least annually? 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)

If a children's camp, do they stay overnight?: Yes No

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: _____

Are all of your electrical outlets protected with ground fault interruptor circuits? Yes No

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 Yes No
or do you require them to carry specific limits of insurance and name
you as an additional insured? If yes, please explain: _____

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) \$ _____

Effective Dates Desired: From _____ To _____

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: _____
