



# Swett & Crawford

## RECREATIONAL FACILITIES APPLICATION

1. NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS OF LOCATION TO BE INSURED (IF SAME AS ABOVE PLEASE STATE SO) \_\_\_\_\_

INDIVIDUAL    CORPORATION    PARTNERSHIP    CLUB    OTHER \_\_\_\_\_  
(Please explain)

DATE ESTABLISHED: \_\_\_\_\_

DATES OPEN FOR BUSINESS \_\_\_\_\_

2. ACTIVITIES OFFERED      RECEIPTS DERIVED FROM EACH      ACTIVITIES OFFERED      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	_____	SPORTS OFFERED	_____
(NOT INCLUDING PLAYGROUND EQUIPMENT)		(GOLF, TENNIS, BASEBALL, ETC.)	
HIKING	_____	CONCERTS	_____

IF OTHER ACTIVITIES ARE PROVIDED BUT NOT SHOWN ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

3. IF ITEMS ARE NOT CHARGED FOR SEPARATELY, ADVISE TOTAL RECEIPTS: \_\_\_\_\_

4. IF YOU HAVE ANY BROCHURES, FLYERS OR LITERATURE ON YOUR ORGANIZATION OR OPERATIONS, PLEASE ATTACH.

5. IF YOU RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES OR IF YOU SELL ANY OF THE FOLLOWING PRODUCTS, PLEASE CHOOSE THE APPROPRIATE BOXES AND SHOW THE APPROPRIATE RECEIPTS:

\_\_\_\_\_ SUNDRY ITEMS      \_\_\_\_\_ BOAT SALES  
\_\_\_\_\_ GAS SALES      \_\_\_\_\_ BOAT REPAIR  
\_\_\_\_\_ FOOD & DRINK      \_\_\_\_\_ OTHER:

IS ANY ALCOHOL SOLD OR ALLOWED ON YOUR PREMISES?     Yes     No

6. IF YOU OFFER SWIMMING / BOATING PROVIDE THE APPROPRIATE INFORMATION:

POOL       LAKE       OCEAN  
HOURS OF OPERATION HOURS LIFEGUARD ON DUTY (IF ANY) \_\_\_\_\_

ANY SLIDES? \_\_\_\_\_ ANY DIVING BOARDS? \_\_\_\_\_ HEIGHT \_\_\_\_\_

ANY DEPTH MARKINGS? \_\_\_\_\_ IS POOL FENCED? \_\_\_\_\_





# Swett & Crawford

IF YOU OPERATE AS A CLUB, ADVISE NUMBER OF MEMBERS (INDIVIDUAL): \_\_\_\_\_

IF FAMILY MEMBERSHIP, ADVISE NUMBER (FAMILIES): \_\_\_\_\_

7. IF BOAT RENTAL, PLEASE ADVISE NUMBER OF BOATS, TYPE OF BOATS, HORSEPOWER OF BOATS AND LENGTH OF BOATS.

\_\_\_\_\_

8. ARE BOATS PROVIDED WITH U.S. COASTGUARD APPROVED JACKETS?  Yes  No

IF YOU OFFER SPORTS, ADVISE TYPES AND AGE RANGE OF PARTICIPANTS: \_\_\_\_\_

\_\_\_\_\_

9. DO YOU CARRY ACCIDENT AND HEALTH INSURANCE FOR PARTICIPANTS OR CAMPERS  Yes  No  
IF YES, AT WHAT LIMITS? \_\_\_\_\_

IF YOU HAVE A CHILDRENS CAMP, ADVISE NUMBER OF CAMPER DAYS \_\_\_\_\_  
(NUMBER OF CAMPERS x NUMBER OF DAYS)

ADVISE COUNSELOR TO CHILDREN RATIO: \_\_\_\_\_

IF RIFLE OR PISTOL RANGE PROVIDED ADVISE DESCRIPTION OF RANGE, SAFETY PRECAUTIONS AND IF SPECIFICATIONS MEET NRA SPECIFICATION: \_\_\_\_\_

\_\_\_\_\_

10. IF YOU RENT EQUIPMENT, LIST TYPES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. DO YOU GET WAIVERS OF ANY KIND?  Yes  No EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

12. IF YOU OFFER FIELD TRIPS, EXPLAIN AGE GROUPS AND DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. 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?  Yes  No

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

14. LIMITS OF LIABILITY DESIRED? \_\_\_\_\_

**COVERAGE DESIRED**  OL & T  PRODUCTS  PERSONAL INJURY  CGL  OTHER: \_\_\_\_\_

15. DURING THE PAST 3 YEARS HAVE ANY CLAIMS BEEN PRESENTED TO YOU OR YOUR CLIENT OR PRIOR INSURANCE CARRIER?

Yes  No YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_





# Swett & Crawford

16. HAVE YOU EVER HAD AN APPLICATION FOR LIABILITY INSURANCE DENIED, POLICY CANCELLED OR NON RENEWED IN THE PAST TWO YEARS?  Yes  No IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

17. ANY ADDITIONAL INSURED REQUIRED?  Yes  No  
IF YES, ADVISE NAME AND INTEREST IN YOUR OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

18. HAS APPLICANT HAD PREVIOUS INSURANCE FOR THIS ENTERPRISE?  Yes  No

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: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

