



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

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):

- θ Streets and Roads
Number of miles: _____
- θ Swimming Pool
Number Indoor: _____
Number Outdoor: _____
θ in-ground θ above-ground
Diving boards/slides/diving plat-
forms? 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

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

(Applicable to Florida Agents Only.)