

- 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)	Sales derived from each	Activities Offered (Check appropriate boxes)	Sales 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 <small>(Not including playground equipment)</small>	\$ _____	<input type="checkbox"/> Sports Offered <small>(Golf, Tennis, Baseball, etc.)</small>	\$ _____
<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 sales: \$ \_\_\_\_\_

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 sales:

Sundry items	\$ _____	Boat Sales	\$ _____
Gasoline sales	\$ _____	Boat Repair	\$ _____
Food & Drink	\$ _____	Other:	\$ _____
Propane	\$ _____		

Is any alcohol sold or allowed on your premises?  Yes  No  
Do you carry Liquor Liability coverage?  Yes  No  
If yes, what limits? \$ \_\_\_\_\_

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

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No  
Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No  
Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?  Yes  No  
Are dual or multiple drains at least three (3) feet apart?  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 or do you require them to carry specific limits of insurance and name you as an additional insured? If yes, please explain: \_\_\_\_\_  Yes  No

11. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products-Completed Operations) \$ \_\_\_\_\_  
Products-Completed Operations Aggregate Limit \$ \_\_\_\_\_  
Personal and Advertising Injury Limit \$ \_\_\_\_\_ any one person or organization  
Each Occurrence Limit \$ \_\_\_\_\_  
Damage to Premises Rented to You (up to \$50,000 limit available) \$ \_\_\_\_\_ any one premise  
Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one 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: \_\_\_\_\_