

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

RESORT/CAMPGROUND QUESTIONNAIRE

(to be attached to ACORD Application)

Named Insured _____ Policy Number _____

Named insured's Social Security Number (if Corporation: Name, Title and Social Security number of officers and principal stockholders) _____

1. Total Annual Gross Sales \$ _____

| | | | | |
|--------------------------|---------|-------|---------------|---------|
| Resort sales | \$ | _____ | | |
| Groceries/supplies/gifts | \$ | _____ | | |
| Restaurant/concessions | \$ | _____ | | |
| Liquor/tavern | \$ | _____ | | |
| Dock rentals | \$ | _____ | slips/tie ups | # _____ |
| Boat rentals | \$ | _____ | boats | # _____ |
| Campground sites: | tents # | _____ | trailer/RV | # _____ |
| Gasoline | | _____ | (gallons) | |
| LP Gas | | _____ | (gallons) | |

2. Total value of all buildings \$ _____ Replacement Cost (attach separate sheet if necessary)
\$ _____ Actual Cash Value

If 2 or more buildings and total insured value exceeds \$500,000, include sketch showing all buildings, value of each, distance between building and directions.

3. Do you have any outstanding bankruptcy or tax liens? (ie: property, sales, wage withholding) Yes No
If yes, explain _____

4. Does the owner or a caretaker live on the property year round? Yes No
(Must have owner or manager on premises year round)

5. Are the cabins heated by woodburning stoves? Yes No
If yes, complete woodburning stove questionnaire.

6. Is there a swimming pool? Yes No
If yes, is pool area fenced in? Yes No
What is the pool's depth? min.: _____ max.: _____

Is there a swimming beach? Yes No
If yes, is it roped off? Yes No

Is there a swimming raft? Yes No
If yes, raft is constructed of what material? _____

Is there a diving board, water slide or any other water recreation equipment? Yes No
If yes to any such items, attach a photograph of each.

7. Is LP Gas sold on the premises? Yes No
 If yes, who fills the containers? _____
 If yes, how is the bulk tank protected from damage by vehicles or equipment? _____
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8. Is there watercraft owned, rented or provided for use without charge? Yes No
 If yes, attach list (#, type, length). Each motorized watercraft to be individually scheduled (show length and H.P.). Maximum eligible HP is 25.
 Are life jackets provided? Yes No
9. Is there dwelling or apartment rental? Yes No
 If yes, how many units? _____
10. Are there any archery or firearm ranges? Yes No
11. Is there playground equipment? Yes No
12. Do you have:
- | | | |
|---|---|--|
| <input type="checkbox"/> go carts | <input type="checkbox"/> horseback riding | <input type="checkbox"/> roller skating |
| <input type="checkbox"/> motorcycle trails | <input type="checkbox"/> trampolines | <input type="checkbox"/> trailer or RV repair or service |
| <input type="checkbox"/> all terrain vehicles | <input type="checkbox"/> snowmobiles | <input type="checkbox"/> pony rides |
| <input type="checkbox"/> snow skiing | <input type="checkbox"/> hayride/wagon/carriage rides | <input type="checkbox"/> jet skis/jet boats |
13. Please attach a brochure from the business.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date