

**Community Associations
CAMPGROUNDS**

Name of Insured/Area:
Address:
Date(s) of Activity:
Location of Operation:
Receipts generated: \$
Is this operation concessioned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is other insurance available? <input type="checkbox"/> Yes* <input type="checkbox"/> No *attach Certificate of Insurance
Is area named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are releases signed by all participants? <input type="checkbox"/> Yes* <input type="checkbox"/> No *attach copy of release
Furnish 5 years loss information, if any:
What experience does person in charge of operation have?
Operations/Procedures Manuals: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Training Program (including experience and age requirements):

Number of Campsites:
Are electrical, water and/or sewer hookups available? <input type="checkbox"/> Yes <input type="checkbox"/> No
What Sanitary facilities are available?
What is the source of potable water?
Who is responsible for purification?
Is there a first aid facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
What recreational facilities and activities are available?
What equipment rentals are available?

Is there a pool, beach or lake? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a lifeguard on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for water purification, testing and maintaining of filter and chemical equipment?

Is there a playground? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there proper supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No

What fire prevention rules does the campground enforce?
Are campers made aware of them? <input type="checkbox"/> Yes <input type="checkbox"/> No
What controls are employed?
Are propane tanks filled or serviced? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what controls are in place?