



1712 Magnavox Way
 Fort Wayne, Indiana 46801-2338
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 www.kandkinsurance.com
 CA #0334819

CAMPGROUND RENEWAL APPLICATION

Name of Insured: _____

1. **Total Annual Revenue:** \$ _____
- | | |
|----------------------------|------------------------------|
| Dates of season: _____ | Number of campsites: # _____ |
| Camp site rental: \$ _____ | Gas/LP: \$ _____ |
| Restaurant: \$ _____ | Boat rental: \$ _____ |
| Liquor: \$ _____ | Bike rental: \$ _____ |
| Grocery store: \$ _____ | Other: _____ \$ _____ |
- Off-Season Storage of Personal Trailers, Boats, etc: \$ _____ *(must provide copy of the storage agreement)*

2. Please indicate if there have been any changes to the following:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Emergency/Safety Plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Operations/Site Layout | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Activities/Special Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Buildings/Premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autos/Drivers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lease Agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LPG Gas Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above questions were answered "Yes" as respects changes from last year, please explain:

Are there any changes to Watercraft (type/size/number)? Yes No

If yes: Canoes/Rowboats \$ _____ Boats up to 15HP # _____ Boats 16-76 HP # _____ Boats over 76 HP # _____

3. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YYYY)

 Date (MM/DD/YYYY)