

S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203	<b>CAMPGROUND SUPPLEMENTAL</b> (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION)	P (818) 547-1333 F (818) 547-9003 License: 0C79819
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Name of Applicant: \_\_\_\_\_

Describe Camp:  Day Camp  Summer Camp  Other: \_\_\_\_\_  
 (For sports camps see that supplemental application instead)

Age ranges of campers/guests: \_\_\_\_\_

Are liability waivers and release forms signed by adults, parents and guardians prior to the beginning of camp?  Yes  No

Any water hazards (pools, creeks, lakes, etc.)? If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

Please mark all that apply to the camp:

<input type="checkbox"/> Archery	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Beaches	<input type="checkbox"/> Bicycles
<input type="checkbox"/> Boats	<input type="checkbox"/> Canoes	<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Firearms	<input type="checkbox"/> Golfing
<input type="checkbox"/> Hiking	<input type="checkbox"/> Horses	<input type="checkbox"/> Lakes	<input type="checkbox"/> Playgrounds	<input type="checkbox"/> Pools, Saunas and/or Jacuzzis
<input type="checkbox"/> Rafting	<input type="checkbox"/> Rope/Wire Systems	<input type="checkbox"/> Saddle Animals	<input type="checkbox"/> Skiing	<input type="checkbox"/> Swings
<input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Wall or Mountain Climbing	<input type="checkbox"/> Water sports	<input type="checkbox"/> Other Sports: _____	<input type="checkbox"/> Other Activities: _____

Provide a detailed list of activities, brochures and marketing materials.

How many RV spaces? \_\_\_\_\_

How many miles of: Roads \_\_\_\_\_ Bicycle Trails \_\_\_\_\_ Horse Trails \_\_\_\_\_ Hiking Trails \_\_\_\_\_

How many total acres of camp area? \_\_\_\_\_

Number of camper days per year: \_\_\_\_\_ (The total number of "camper days" shall be the number campers times each day in which the camp is in operation during the policy period)

**WARNING:** California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant\* \_\_\_\_\_ Date \_\_\_\_\_

Name and Title\* \_\_\_\_\_

\* Must be owner, executive officer, or partner