



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Mobile Home Parks and Campgrounds Program Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

1. Operation:

Permanent Park RV Park Campground

2. Number of spaces:

Number of permanent spaces:
Number of tourist (RV and Camping) spaces:
Number of permanent or tourist spaces containing your units rented to others:
Year of construction of the oldest rental unit (NY only):

3. Operating season:

From to

4. Other operations:

- Tennis/Racquetball/Volleyball/Basketball Courts and Baseball Diamonds
Bathing Beaches
Bicycle Trails
Boats
Boat Docks/Slips
Club House including any exercise room
Convenience Store
Horse Trails
Lakes
Parks
Playgrounds
Restaurants/Lounges
Saddle Animals for Hire
Saunas
Security Guards
Shooting Ranges
Spas/Hot Tubs

**4. Other operations (continued):**

- Streets and Roads  
Number of miles: \_\_\_\_\_
- Swimming Pool  
Number Indoor: \_\_\_\_\_  
Number Outdoor: \_\_\_\_\_  
 in-ground                       above-ground  
Diving boards/slides/diving plat-  
forms?.....  Yes    No  
Diving board/slide height: \_\_\_\_\_ ft.  
Swimming rules posted?.....  Yes    No  
If an outdoor pool, is it fenced  
with a self-latching gate? .....  Yes    No  
Life-safety equipment available  
at pool side?.....  Yes    No  
Certified lifeguard available  
when swimming is allowed?.....  Yes    No

- Ice skating
- Golf course
- Recreational equipment rental  
(snowmobiles, etc.)  
Describe: \_\_\_\_\_
- Ski lifts/tows
- LPG sales and/or equipment maintenance
- Waterworks and/or sewage treatment/disposal  
facilities
- Facility built on former landfill or dump
- Wilderness or primitive camping available

**5. Describe any additional recreational facilities or operations conducted by you or others on the premises:**

\_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**(Applicable to Florida Agents Only.)**