



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 9 FOR DETAILS ON OUR PRIVACY POLICY.

CAMPGROUND APPLICATION

(PROGRAM AVAILABLE IN ONTARIO ONLY)

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

Broker _____ Address _____

Applicant _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Name of Owner/Contact _____ Title _____

Year Business Established _____ How long with Present Owner _____

LOCATION OF CAMPGROUND (legal address of all locations owned or leased)

Location # 1 _____

Location # 2 _____

MORTGAGES AND/OR LOSS PAYEES: (if more room required, please attach a list)

Name and full mailing address	Loss Payable on

PROTECTION:

Public Hydrants Yes No	Distance to Premises
Distance to Firehall (miles)	Full Time Volunteer
Location Of Firehall	Town Grade

GENERAL

Are park operations seasonal? Yes No If year round describe winter activities

Do you plan any new facilities in the next 12 months? Yes No If yes, describe

Do you reside on park premises? Yes No Year round occupancy? Yes No

Is any part of the residence used for business? (i.e office, store etc.) Yes No

CLAIMS HISTORY (5 YEARS): Include all Insured and Uninsured Losses

Date of Loss	Full Details of Loss	Amount Paid or Estimated

PREVIOUS INSURANCE INFORMATION:

Previous Carrier _____ Policy # _____ Expiry Date _____

Did insurer decline to renew? Yes No

If yes, provide details

Attach site plan showing locations of buildings, dimensions, separation.				
Attach photos of buildings as well. Include Brochure on park if available				
BUILDING DETAILS	BUILDING #1	BUILDING #2	BUILDING #3	BUILDING #4
Limit Required incl. foundations	\$	\$	\$	\$
Limit Required on Contents	\$	\$	\$	\$
Describe Contents to be insured				
OCCUPANCY				
Principal uses				
Deep Fat Frying?	Yes No	Yes No	Yes No	Yes No

BUILDING DETAILS	BUILDING #1		BUILDING #2		BUILDING #3		BUILDING #4	
CONSTRUCTION DETAILS								
Year of Construction								
Framing								
Exterior Walls								
Roof								
Height (# Stories)								
Area (Square Feet)								
Floor Construction								
Heat								
Hydro								
Year of updates (This information is required on buildings over 20 years of age)								
	Heat		Heat		Heat		Heat	
	Hydro		Hydro		Hydro		Hydro	
	Roof		Roof		Roof		Roof	
	Plumbing		Plumbing		Plumbing		Plumbing	
Condition								
PROTECTION								
Approved CO2 system?	Yes	No	Yes	No	Yes	No	Yes	No
Service Contract in force on CO2?	Yes	No	Yes	No	Yes	No	Yes	No
Date CO2 system last tested								
Extinguishers	Yes	No	Yes	No	Yes	No	Yes	No
Burglar Alarms	Central Local Nil		Central Local Nil		Central Local Nil		Central Local Nil	
Monitoring Company								
Covers all accessible openings	Yes	No	Yes	No	Yes	No	Yes	No
U.L.C. approved	Yes	No	Yes	No	Yes	No	Yes	No
Smoke/Heat Detectors	Central Local Nil		Central Local Nil		Central Local Nil		Central Local Nil	

CRIME

Loss Inside Premises & Loss Outside Premises _____ Limit \$ _____

Is there a safe or vault on premises Yes No Safe Rating/Classification _____

COMMERCIAL GENERAL LIABILITY

Limit Required \$ _____

of Sites _____ # Serviced _____ # Serviced _____ # Permanent Trailers _____

of Swimming Areas _____ Size/Depth _____

Water Slide Yes No Hay Rides Yes No

Recreation Hall _____ Facilities therein _____

Tennis Courts Yes No Horseback Riding Yes No Mini Golf Yes No Go Carts Yes No

of Playgrounds _____ # of Trampolines _____

of Rafts / Watercrafts _____ Use _____

Watercraft Slips _____ # of Cabins/Trailers Rented _____ # of Trailer Units Sold _____

Any other exposures not previously described

TOTAL ANNUAL INCOME FROM

Campsite Rentals Revenue	\$	Cottage/Trailer Rentals Revenue	\$
Restaurant/Snack Bar- FOOD	\$	Restaurant/Snack Bar- LIQUOR	\$
Fuel Sales	\$	Boat Rentals	\$
Propane Sales	\$	Trailers Sales	\$
Other (describe)	\$	TOTAL RECEIPTS	\$
Comments			

BOAT RENTAL OPERATIONS (PLEASE SUPPLY A COPY OF RENTAL AGREEMENT)

Rental Boat Max. Length		# of units		Term of Lease	
Rental Motors Max. HP		# of units		Term of Lease	
Does applicant rent PWC's?	Yes No	# of units		Term of Lease	
Does applicant demonstrate the safe operation prior to releasing unit?				Yes	No
Is proof of identity obtained?	Yes	No	If yes, what type?		
Is signed rental agreement obtained?	Yes	No	Minimum age requirement		
How are rental units stored when not being rented?					

I have read the above and I declare that information contained in this Application is true to the best of my knowledge and belief.

Signature of Applicant _____ **Date** _____

Applicant's Title _____

Signature of Broker _____ **Date** _____

SUBMITTED BY: _____

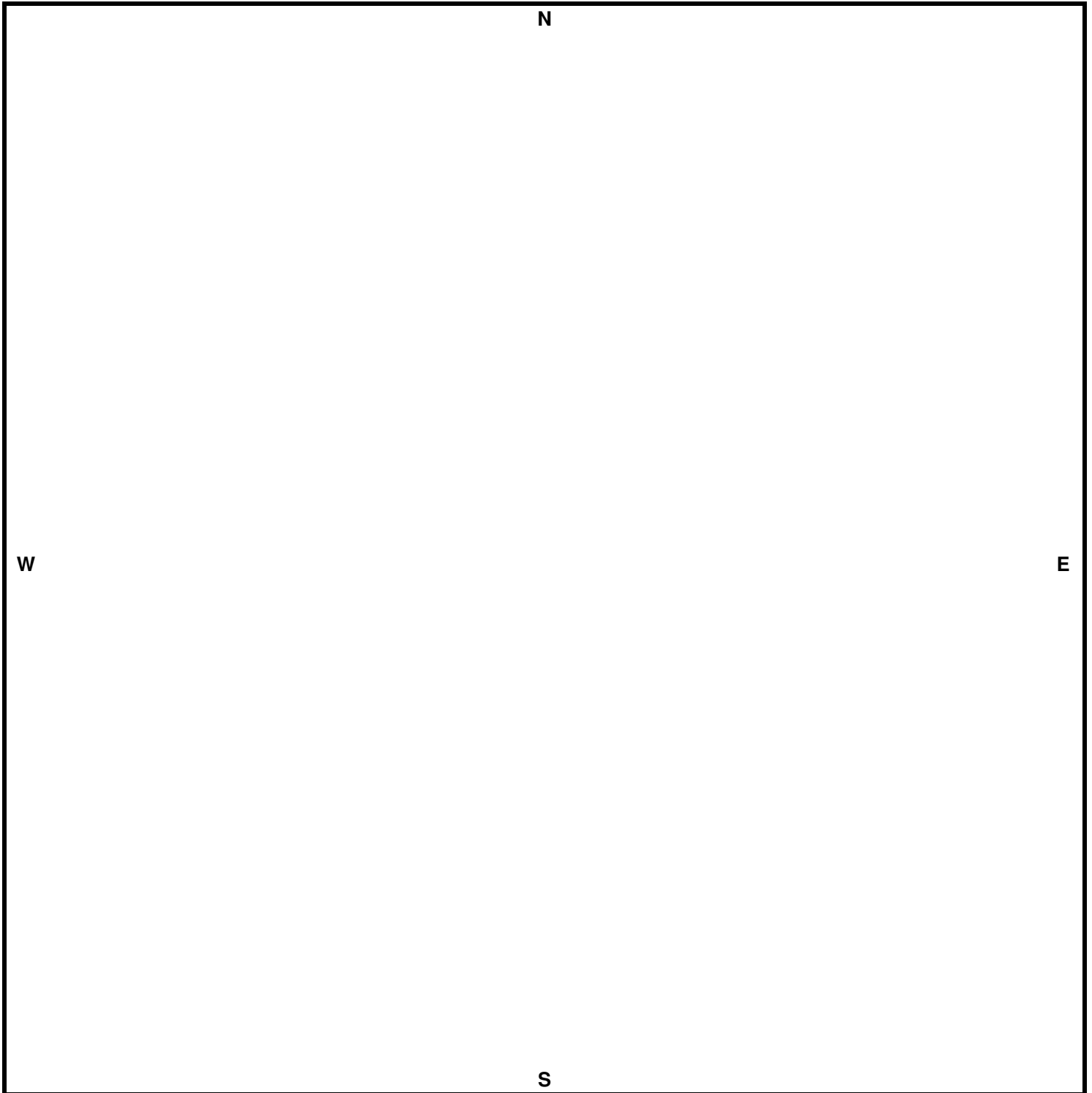
E-MAIL: _____

COMPLETE DIAGRAM IN ALL CASES

APPLICATIONS MUST BE ACCOMPANIED BY PHOTOGRAPHS OF EACH BUILDING

Accuracy is important- draw approximately to scale and show dimensions of buildings and distance between buildings. Please show gas pumps, and location of fuel tanks if applicable as well.

Please attach a separate piece of paper.



NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature:

Date (mm/dd/yyyy) :

(Authorized Representative)

Name (print
please) :

Title/Position:



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>