

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Camping Information**

**No Exposure**

- 1. a. Are there  RV hook-ups or  camp sites on the premises?  Yes  No  
b. If yes: Number of hook-ups: \_\_\_\_\_  
Number of camp sites: \_\_\_\_\_  
 Sewer;  Water;  Trash Disposal available to guest?  Yes  No  
Is the electrical and maintenance done by a licensed electrician?  Yes  No  
Do you provide any service or repair of engines? (Engine, Marine, Auto)  Yes  No
- 2. Are you a member of :  
 ARVC;  Good Sam Park;  Franchise;  State/Regional Association: \_\_\_\_\_?  Yes  No
- 3. Any sales of:  Gasoline;  LP Gas;  RV or Travel Storage;  RV or Travel Trailer Sales & Service?  Yes  No

**Golf Course Information**

**No Exposure**

- 1. Name of golf course: \_\_\_\_\_
- 2. Is it open to the public?  Yes  No
- 3. Number of holes:  9;  18;  Other: \_\_\_\_\_
- 4. Is there a pro shop?  Yes  No  
If yes, receipts: \$ \_\_\_\_\_
- 5. Number of days golf course is open: \_\_\_\_\_ days
- 6. Who is responsible for maintenance including fertilization and chemical application?  Applicant;  Other: \_\_\_\_\_
- 7. Does the insured have hole in one coverage?  Yes  No
- 8. Minimum age for use of golf cart: \_\_\_\_\_ years old

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_