



Caravan Park Insurance Quotation Form

Insured name: _____

Situation Address: _____

Current Insurer: _____ Expiry Date: _____

Property Owner: _____

Are they to be noted on the Policy? Yes No

Is any other party financially interested in any property to be insured? Yes No

If "Yes", please detail: _____

General Information

Years of experience in business: _____ Member of an Association: _____

Management Details: Owner / Lessee Do you have a liquor licence?: Yes / No

Entry/Exit Security to park: None /Spikes / Boom gates

Fire Protection

Extinguishers: Yes / No Hose Reels: Yes / No Smoke Detectors: Yes / No

How many: How many: How many: Hard wired:

Is there a Maintenance Contract in place? _____.

Security

Deadlocks: Yes / No Alarm: Yes / No Windows: Yes / No

Local Back to Base Bars/Grills Key Locks

Claims in the past 5 years:

Any Additional Information:

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Cover Requirements

Property Damage	Sum Insured	Construction	Approx Age
Building Residence/Office/Kiosk	\$ _____	_____	_____
Contents of Residence/Office/Kiosk	\$ _____	_____	_____
Cabins & Contents	\$ _____	_____	_____
Caravans & Contents	\$ _____	_____	_____
Amenities & Contents	\$ _____	_____	_____
Machinery/Mobile Plant/Hose Reels	\$ _____		
BBQ/Pergolas/Pools/Playground	\$ _____		
Boilers/Washers/Dryers	\$ _____		
Signs/Camp Kitchen/Power heads	\$ _____		
Other Property. I.e. Shade Sails	\$ _____		
Road/Bridges/Underground Services	\$ _____		
Stock in trade	\$ _____		
Removal of Debris	\$ _____		
Accidental Damage:	\$ _____		
Business Interruption			
Gross Profits:	\$ _____		
Wages/Payroll:	\$ _____		
Professional Fees:	\$ _____		
Increase cost of working	\$ _____		
Indemnity Period:	_____	Months	
Theft			
All Contents & Stock:	\$ _____		
Tobacco:	\$ _____		
Money			
In Transit	\$ _____		
During Bus Hours:	\$ _____		
Outside Business Hours:	\$ _____		
Private Residence:	\$ _____		
Locked Safe:	\$ _____		
Glass			
Internal & External:	Yes / No		
Goods In Transit:			
Limit Per Load:	\$ _____		
Type of products:	\$ _____		



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General property

Specified Items

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Motor Vehicles

Year/make/Model

Cover required/ Sum Insured

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Machinery Breakdown

Limit anyone loss: \$ _____

Deterioration of Stock: \$ _____

Refrigeration Equipment

No of Units

Freezer Room/ Cool Room: _____

Drink / Display Cabinets: _____

Deep Chest Freezers: _____

Caravan / Bar Fridges: _____

Domestic Fridge / Freezers: _____

Ice Machines: _____

Split Systems: _____

Window/Wall Type: _____

Evaporating Cooler/ Other: _____

Motor & Equipment <2hp _____

Submersible Yes / No

Motor & Equipment 2 to 5hp _____

Submersible Yes / No

Motor & Equipment 5to 10hp _____

Submersible Yes / No

Spa Blower / Boom Gate / Fan _____

Washer / Dryers (Commercial) _____

Any Other: _____

Details:



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Public and Products Liability

Limit of Cover: \$ _____

Estimated Annual Turnover: \$ _____

Sites

Relocatable/Cabin sites: _____ Permanent/Annual Caravan Sites: _____

Tent Sites: _____ Tourist Caravan Sites: _____ **Total Number of site:** _____

Activities Provided by the Park

Abseiling	Yes / No	Archery	Yes / No	Badminton	Yes / No
Boat Ramp	Yes / No	Canoes	Yes / No	Catamarans	Yes / No
Courts – tennis	Yes / No	Dining	Yes / No	Fuel	Yes / No
Hire Boats	Yes / No	Horse Riding	Yes / No	Jet Skis	Yes / No
Jumping Pillow	Yes / No	Live Entertainment	Yes / No	Games Room	Yes / No
Mini Golf	Yes / No	Playground	Yes / No	Push Bikes	Yes / No
Roller Skating	Yes / No	Snorkeling	Yes / No	Spa/ Sauna	Yes / No
Swimming pool	Yes / No	Tractor/Train	Yes / No	Trampoline	Yes / No
Water Slides	Yes / No	Water Sking	Yes / No	Wave Skis	Yes / No
Wind Surfers	Yes / No	Merry Go Round	Yes / No	Food/T away	Yes / No

Any other not above: _____

If yes to any of the above are signs erected at the sites advising duties, disclaimers and safety instructions? _____

