



DUDE RANCH APPLICATION

**P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com**

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____
(Include all organizations that are to be included as insureds)
FEIN: _____
Mailing Address: _____
County: _____
Location Address: _____
County: _____
Telephone: _____ E-Mail Address: _____
Contact Name: _____ Contact Title: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____
Name of Agency: _____
Address: _____
Agency telephone: _____ Agency e-mail address: _____
Do you currently write this account? Yes No
If yes, for how long? _____ Carrier Name? _____
Is the account Sub-Brokered Yes No
If yes, please indicate Agency Name? _____

BUSINESS INFORMATION

Description of organization: Sole Proprietorship Partnership Corporation Other _____
Years in operation under current ownership: _____ (*Minimum Requirement: 3 Years in Operation*)
Is your business currently up for sale? Yes No
Has your business filed for bankruptcy and/or been in receivership within the last 3 years? Yes No
Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (N/A in Missouri) Yes No
If yes, please provide dates, coverage and explanation: _____

CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate \$500,000/\$1 million \$1 million/\$2 million \$1 million/\$3 million
Employee Benefits Liability** \$500,000/\$1 million \$1 million/\$2 million \$1 million/\$3 million
(claims made only)
Retroactive Date: _____

****Employee Benefits Liability not available in MT, NY and TX**

Hired & Non-Owned Liability

N/A

If auto coverage is not desired and the Insured require hired & non-owned liability coverage, please complete the below questions:

Does the Insured have any business owned autos? Yes No

Do any of the employees utilize their own vehicles to transport patrons? Yes No

Who uses their own vehicle for business and for what purpose? _____

Does the insured verifying the coverage (via a copy of personal declarations page) on the non-owned vehicles? Yes No

Do they require that certain limits be carried on the PAP? Yes No

OPERATIONS

Does the owner or a manager live on the premise year round? Yes No

If yes, is there separate homeowners or tenants coverage in place? Yes No

If no, please complete the **Personal Liability Supplement**.

Is staff on premise while guests are present? Yes No

If no, are guests provided with emergency contact information? Yes No

Do you have any owned dogs that are ever allowed into guest areas or around guests? Yes No

Do you allow your guests to bring pets? Yes No

Is there a formal maintenance program for the grounds and public traffic areas including tree maintenance? Yes No

Do you have any youth focused activities other than youth leagues or youth hunts without parental supervision? Yes No

Do you own, maintain, operate or use any airfields, runways, hangars, buildings or other properties used in connection with aviation activities or airports?
 Yes No

Do you sell alcohol? Yes No

If yes, please complete and attach the **Liquor Supplement**.

Is alcohol consumption allowed before or during any activities? Yes No

Guided Services

Do you provide guided services? Yes No

Have your guides received first aid training? Yes No

Do your guides carry a means of communication (cell phone, 2-way radios, etc.)? Yes No

Total number of Guides/Outfitters: (do not include subcontractors)

Do all subcontractors have separate insurance? Yes No

If no, total number of subcontractors: _____

ACTIVITIES CONDUCTED

Prior 12 month's actual total receipts: \$ _____ Next 12 month's estimated total receipts: \$ _____

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver to **participate in activities**? Yes No

Activities Conducted	Guided	# of Units		Revenue
<input type="checkbox"/> ATV/Snowmobile Operations (complete supplemental)	<input type="checkbox"/>	ATV	Snowmobiles	\$
<input type="checkbox"/> Cross Country Skiing/Snowshoeing	<input type="checkbox"/>			\$
<input type="checkbox"/> Mountain Biking/Road Cycling (complete below)	<input type="checkbox"/>			\$
<input type="checkbox"/> Hay/Sleigh/Wagon Rides (complete below)	<input type="checkbox"/>			\$
<input type="checkbox"/> Youth Program (where parents are not in attendance)				
<input type="checkbox"/> Horseback Riding/Rodeo (complete below)	<input type="checkbox"/>			
<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/>			
<input type="checkbox"/> Mountain/Rock Climbing/Obstacle Course/Zip Line (complete supplemental)	<input type="checkbox"/>			\$
<input type="checkbox"/> Downhill Skiing	<input type="checkbox"/>			
<input type="checkbox"/> Pools/Swimming Areas (complete supplemental)				
<input type="checkbox"/> Restaurant/Snack Bar				\$
<input type="checkbox"/> Shooting Ranges (complete below)				\$
<input type="checkbox"/> Retail Operations (complete below)				\$
<input type="checkbox"/> Watercraft (complete supplemental)	<input type="checkbox"/>			\$

What activities, other than those identified above, are conducted or take place at your business? _____

HORSEBACK RIDING/RODEO INFORMATION

N/A

What percentage of riding operations is unguided? _____%

What is the total number of horses available for guest riding? _____

Average number of pack animals: _____

Average number of saddle animals: _____

What is the youngest rider you will allow on a horse? _____ years old

Do you have helmets available for all riders age 12 and under? Yes No

Do you ever allow double riding? Yes No

Do you conduct a pre-ride safety briefing with guests? Yes No

Do you provide a written safety manual outlining procedures to staff members? Yes No

List any reasons why you would decline a person from riding (health, age, alcohol, etc): _____

HORSEBACK RIDING/RODEO INFORMATION (CONTINUED)

- Do you operate pony rides? Yes No
 If yes, is the pony hand lead? Yes No
 What is the youngest rider you will allow on a pony? _____ years old
- Do you board horses other than those owned by yourself or your guests? Yes No
 Do you hold rodeos or any timed events other than gymkhana? Yes No
 Do you allow your guests inside the ring without a trained staff member at any time? Yes No
 Do you allow your guests to rope or brand cattle? Yes No
 Do you conduct cattle drives? Yes No
 If yes, is the wrangler to rider ratio? _____ / _____

SHOOTING RANGE INFORMATION

N/A

What type ranges do you have? (Please check all that apply).

Range Type	Number
<input type="checkbox"/> Archery	_____
<input type="checkbox"/> Rifle/Pistol	_____
<input type="checkbox"/> Trap/Skeet/Sporting Clay	_____

- Is an employee on premise during shooting hours? Yes No
 Is the use of any semi-automatic or fully automatic guns permitted? Yes No
 Are range rules and safety guidelines clearly posted? Yes No
 What is the maximum shooting distance of ranges? _____
 What type and kind of backstop or berm is used? _____

HAY/SLEIGH/WAGON RIDES

N/A

- Ride Type: (Check all that apply) Wagon Sleigh Surrey Buckboard/Buggy Other: _____
 Conveyance Type: Tractor Horse Other: _____
 Rides take place on: Public Roads Public Areas Private Land (your premise)
 Maximum Number of Passengers: _____
 Are rides operated and/or supervised by employees? Yes No

MOUNTAIN BIKING/ROAD CYCLING INFORMATION

N/A

- What percentage of your on-road (please do not include off-road in this percentage) cycling operations is unguided? _____ %
 Do you rent or supply bicycles to your guests? Yes No
 Are helmets provided for use? Yes No

RETAIL OPERATIONS

N/A

What type of inventory do you sell? (Please check all that apply):

- General Merchandise Souvenirs Baked/Homemade Goods Groceries
- Alcohol Guns Other: _____

Please specify any other types of retail operations that take place at your business: _____

****It is essential you make every attempt to obtain COI's for products liability insurance from manufacturers of your products for your files.****

REAL AND PERSONAL PROPERTY INFORMATION

Please complete and attach a property ACORD application.

What fire control water sources are available?

- Fire Hydrant Pool Pond/Lake Water Tank Other, please specify: _____

Name of and distance from your servicing Fire Department? _____

Does your business operate year round? Yes No

 If no, is there a caretaker in the area/on site year round? Yes No

 If no, are buildings winterized? Yes No

Are there smoke alarms in all corridors and sleeping quarters? Yes No

Is your building equipped with sprinklers? Yes No

Do you have two means of egress from all floors? Yes No

Do any buildings have wood burning fireplaces and/or woodstoves? Yes No

 If yes, please list location numbers: _____

Are all fireplaces/chimneys cleaned and properly maintained annually? Yes No

Cooking Information

Do any buildings have cooking facilities? Yes No

 If yes, please list location numbers: _____

Do you have an automatic extinguishing system over the cooking surface? Yes No

Do you have automatic fuel shut-offs to stoves? Yes No

Do you have deep fat fryers? Yes No

Do you have a hood and duct system? Yes No

 If yes, is there a formal maintenance contract in place? Yes No

Do you have fire extinguishers readily available? Yes No

Dock Information

Indicate the total number of Docks: _____

Indicate the number of Boat Slips: _____

Are the docks removed? Yes No

If requesting property coverage for docks valued \$100,000 or greater, please provide pictures.

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million) \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1 million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Address: _____ Policy Period: _____

Employers Liability (Coverage B) Limits:	\$ _____	Bodily Injury by Accident
	\$ _____	Bodily Injury by Disease
	\$ _____	BI by Disease Policy Limit

***Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.**

ADDITIONAL COVERAGES AVAILABLE

For Business Automobile, Garagekeepers, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
(current year)

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

CLAIMS HISTORY

Have there been any claims or losses in the last five years? Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	DESCRIPTION	STATUS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Attach separate pages if needed. Provide the carrier loss runs if available.**

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- All available brochures and/or website address **Website Address:** _____
- Claims section completed or 5 years of currently valued hard copy loss runs (at underwriter's discretion)
- Completed property ACORD form
- Any applicable exposure supplements, as indicated above

A proposal will not be offered without the above referenced attachments.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____

(To be signed by someone who does not have access to funds)