



**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: \_\_\_\_\_

Total number of guests utilizing guided activities: \_\_\_\_\_

Maximum duration of guided activities: \_\_\_\_\_

**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.\***



## SUBMISSION REQUIREMENTS

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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.





