

## OUTDOOR SPORTING ASSOCIATION 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: \_\_\_\_\_

What state is this business filed in? \_\_\_\_\_ Website Address: \_\_\_\_\_

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 Business: \_\_\_\_\_

Years in operation: \_\_\_\_\_ (**Minimum Requirement: 3 Years in Operation**)

Description of organization: ☐ LLC ☐ Corporation ☐ Other \_\_\_\_\_

Operations classification: ☐ For Profit ☐ Not for Profit

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

☐ \$1 million/\$2 million

☐ \$1 million/\$3 million

## 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

Exposures	Owned	# of Units
<input type="checkbox"/> Annual Events <input type="checkbox"/> Training Sessions		____ Events      ____ Training Please describe any events _____ _____
<input type="checkbox"/> Available Land For Your Use	<input type="checkbox"/>	____ Acres Leased      ____ Acres Leased
<input type="checkbox"/> Youth Program (where parents are not in attendance)		
<input type="checkbox"/> Club Members		____ Members
Average number of guests expected this year		_____

What activities, other than those identified above, are conducted as part of your operations? \_\_\_\_\_

## CROSS COUNTRY SKIING OPERATIONS

Is there a staff member on site at all times during open hours that is first aid trained?

☐ Yes

☐ No

What rescue and safety procedures are in place? \_\_\_\_\_

Is there any hut-to-hut exposure?

☐ Yes

☐ No

If yes, please describe: \_\_\_\_\_

Does the Insured have any downhill skiing exposure?

☐ Yes

☐ No

Are there any jumps in the cross country trails?

☐ Yes

☐ No

Do you provide ski rentals?

☐ Yes

☐ No

Are ski lessons provided?

☐ Yes

☐ No

Do the ski instructors carry their own insurance separately?

☐ Yes

☐ No

If no, please provide the number of instructors. \_\_\_\_\_

Are guided tours provided?

☐ Yes

☐ No

If yes, what is the guide to guest ratio? \_\_\_\_\_

How far/ long is the average guided tour? \_\_\_\_\_

Total number of guides? \_\_\_\_\_

Is there a youth ski club exposure?

☐ Yes

☐ No

What safety precautions are in place? \_\_\_\_\_

## CROSS COUNTRY SKIING OPERATIONS (CONTINUED)

Are parent chaperones present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a buddy system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the ratio of youth skiers to guides? _____		
Are helmets or any other safety gear available for use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what other safety gear? _____		
Is there any type of membership offered that allows guests to come and go throughout the year? (For example: a ski pass)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is night skiing available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the designated trails cross over onto land other than that owned by the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are ski trails properly signed and marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trail maps provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any avalanche areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it out of the ski area boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there daily maintenance to the trails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what maintenance is being done? _____		
What type of equipment is used to help maintain the trails? _____		
Is there a Nordic ski patrol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do they sweep the trails for guests prior to leaving for the night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 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): \_\_\_\_\_ \$ \_\_\_\_\_  
(1<sup>st</sup> prior year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(2<sup>nd</sup> 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.

Do you supply/rent any watercraft to your guests?

☐ Yes ☐ No

What percentage of your watercraft operations is unguided? \_\_\_\_\_ %

Do you permit water skiing, knee boarding or tubing with the use of watercraft supplied/rented to guests?

☐ Yes ☐ No

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Doos and/or Waverunners)

☐ Yes ☐ No

Are life vests/personal flotation devices provided for participants?

☐ Yes ☐ No

Is the consumption of alcohol permitted with use of your watercraft?

☐ Yes ☐ No

Does boat travel ever extend further than 5 miles from the shore?

☐ Yes ☐ No

Does any boat/raft use occur on rivers classified as Class IV or V?

☐ Yes ☐ No

### Non-Motorized Watercraft

Number of Canoes _____		Number of Paddle Boats _____
Number of Kayaks _____		Number of Float Tubes _____
Number of Row Boats _____		Number of Rafts _____

### Motorized Watercraft

Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guest Operated

**\*\*If physical damage/hull coverage is required, please attach applicable ACORD form\*\***

**ATV/SNOWMOBILE/GOLF CART SUPPLEMENTAL**☐ N/A

What percentage of your ATV/Snowmobile operations is unguided? \_\_\_\_\_%

Total number of owned ATVs? \_\_\_\_\_

Total number of owned snowmobiles? \_\_\_\_\_

Total number of owned golf carts? \_\_\_\_\_

Do you rent or supply ATVs/Snowmobiles/Golf Carts to your guests?

☐ Yes ☐ No

Are helmets required for ATV or snowmobile use?

☐ Yes ☐ No

Are helmets provided to your guests for use?

☐ Yes ☐ No

Do you conduct a pre-ride safety briefing with guests?

☐ Yes ☐ No

Is there a formal maintenance program for owned units?

☐ Yes ☐ No

Do you provide mechanical service and/or sell mechanical parts for non-owned ATVs/Snowmobiles/Golf carts?

☐ Yes ☐ No

Is alcohol consumption allowed before or during any activities?

☐ Yes ☐ No

Total ATV Receipts? \$ \_\_\_\_\_

What percentage of your total operations is attributed to ATV operations? \_\_\_\_\_%

Total snowmobile Receipts? \$ \_\_\_\_\_

What percentage of your total operations is attributed to snowmobile operations? \_\_\_\_\_%

## 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): \_\_\_\_\_

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? \_\_\_\_\_ / \_\_\_\_\_

## **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 fines or confinement in prison, or any combination thereof.

**NOTICE TO ALASKA APPLICANTS:** A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**NOTICE TO ARIZONA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**NOTICE TO ARKANSAS, LOUISIANA, 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 DELAWARE APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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 of the third degree.

**NOTICE TO IDAHO APPLICANTS:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**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 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 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 may include imprisonment, fines or a 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



## **Application Signatures & State Fraud Statements**

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**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 MEXICO 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 civil fines and criminal 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 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE AND VIRGINIA 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 TEXAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

## **Application Signatures & State Fraud Statements**

### **APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE**

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

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

**Name and title (please print):** \_\_\_\_\_