

Is a renewal proposal required or should we just bind and issue? ☐ Bind & Issue ☐ Proposal Required (need by date): _____

GENERAL INFORMATION

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

Mailing Address: _____

County: _____ FEIN: _____

Contact Person: _____ Phone #: _____ E-Mail: _____

OPERATIONS

Have there been any changes in ownership or new companies formed within the past 12 months? ☐ Yes ☐ No

If yes, please describe fully any new companies formed or changes in ownership: _____

Have there been any changes in the operations or exposures of the organization? ☐ Yes ☐ No

If yes, please explain and describe fully: _____

LOSS INFORMATION

Have you reported any new losses to previous carriers over the past 12 months? ☐ Yes ☐ No

If yes, please provide details: _____

CURRENT COVERAGE AND REQUESTED CHANGES

LOCATION INFORMATION:

Premises No.	Address	Delete	Change
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Do you have any locations that should be added? ☐ Yes ☐ No

If yes, please provide details: _____

PROPERTY INFORMATION:

Basic Coverage Information	Current	Change
Building Deductible	\$	\$
Business Personal Property Deductible	\$	\$
Coinurance	%	%
Blanket Limit (if any)	\$	\$
Blanket Applies to		

CURRENT COVERAGE AND REQUESTED CHANGES (CONTINUED)

Premises/Building No.	Coverage	Value	Delete	Change
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	

Do you have any property that should be added?

☐ Yes ☐ No

If yes, please provide details:

Address	Coverage	Value	Area	Occupancy
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

GENERAL LIABILITY INFORMATION:

Limits of Insurance	Current Limit	Change
General Aggregate	\$	\$
Products/Completed Operations Aggregate	\$	\$
Each Occurrence	\$	\$
Personal & Advertising Injury	\$	\$
Damage to Premises Rented to You (Fire Damage)	\$	\$
Medical Expense	\$	\$
Personal Liability	\$	\$
Employee Benefits Liability (Each Employee/Aggregate)	\$	\$
Hired Non-Owned Auto Liability	\$	\$
Liquor Liability (Each Common Cause/Aggregate)	\$	\$

Class Code/Description	Rating Basis	Exposure	Delete	Anticipated Exposure for Next 12 Mo.
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Are there any new activities conducted by this organization?

☐ Yes ☐ No

If yes, please explain and describe fully: _____

CURRENT COVERAGE AND REQUESTED CHANGES (CONTINUED)

BUSINESS AUTO INFORMATION:

Limits of Insurance	Current Limit	Change
Combined Single Limit Liability	\$	\$
No Fault/PIP	\$	\$
Medical Payments	\$	\$
Uninsured Motorists	\$	\$
Underinsured Motorists	\$	\$
Deductibles	Current Deductible	Change
Comprehensive Deductible	\$	\$
Collision Deductible	\$	\$

Vehicle No.	Year	Make	Model	VIN	Physical Damage	Delete	Change
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any vehicles that should be added?

☐ Yes ☐ No

If yes, please provide details:

Year	Make	Model	VIN	Physical Damage	Cost New
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

INLAND MARINE INFORMATION:

Covered Item	Value	Deductible	Delete	Change
	\$	\$	<input type="checkbox"/>	
	\$	\$	<input type="checkbox"/>	
	\$	\$	<input type="checkbox"/>	

Do you have any items that should be added?

☐ Yes ☐ No

If yes, please provide details:

Item Description	Value
	\$
	\$
	\$

CURRENT COVERAGE AND REQUESTED CHANGES (CONTINUED)

ADDITIONAL INTERESTS INFORMATION:

Interest Name	Nature of Interest	With Respects To	Delete	Change
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Do you have any interests that should be added? ☐ Yes ☐ No

If yes, please provide details:

Interest Name	Interest Address	Nature of Interest	With Respects To

EXCESS LIABILITY INFORMATION:

Limits of Insurance	Current Limit	Change
Annual Aggregate	\$	\$
Any One Occurrence	\$	\$

Do you currently carry Employers Liability Coverage for all employees? ☐ Yes ☐ No

If yes, please provide the carrier name, policy number, and effective date: _____

WATERCRAFT SUPPLEMENTAL☐ N/A

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.

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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:** _____

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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): _____