

**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 (please check only one):  Lodge/Hospitality  Destination Resort  Other \_\_\_\_\_  
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

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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

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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

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Is your business open year round?     Yes     No  
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**.

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

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

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

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	# of Units	Revenue
<input type="checkbox"/> Guest Units		\$
<input type="checkbox"/> Special Events	Annual Events	
<input type="checkbox"/> Fireworks, Certified pyrotechnic used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of liability obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amusement Devices/Bounce House/Jumping Pillow (complete supplemental)	Rented Owned	\$
<input type="checkbox"/> Trailer/RV Storage (see below regarding garage)*	Average total value of all stored units at one time	\$
<input type="checkbox"/> Boats in your care, custody or control (non-owned)	Average total value of boats in your care at one time	\$
<input type="checkbox"/> Exercise Center		
<input type="checkbox"/> Tennis or Basketball Courts		
<input type="checkbox"/> Miniature Golf		
<input type="checkbox"/> Playgrounds	Shock absorbent surfacing in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> ATV/Snowmobile/Golf cart (complete supplemental)	ATV Snowmobiles Golf carts	\$
<input type="checkbox"/> Cross Country Skiing/Snowshoeing		\$
<input type="checkbox"/> Mountain Biking/Road Cycling (complete below)		\$
<input type="checkbox"/> Hay/Sleigh/Wagon Rides (complete below)		\$
<input type="checkbox"/> Overnight Youth Program (parents not in attendance)		
<input type="checkbox"/> Horseback Riding/Rodeo (complete supplemental)		
<input type="checkbox"/> Mountain/Rock Climbing/Obstacle Course/Zip Line (complete supplemental)		\$
<input type="checkbox"/> Pools/Swimming Areas (complete below)		
<input type="checkbox"/> Waterslide (complete supplemental)		
<input type="checkbox"/> Pool Slide (complete below)		
<input type="checkbox"/> Restaurant/Snack Bar		\$
<input type="checkbox"/> Retail Operations (complete below)		\$
<input type="checkbox"/> LPG Sales (complete below)		\$
<input type="checkbox"/> Gasoline Sales (complete below)		\$
<input type="checkbox"/> Canoes <input type="checkbox"/> Kayaks <input type="checkbox"/> Rowboats/Paddle Boats	Canoes Kayaks RB/PB	\$
<input type="checkbox"/> Float Tubes	Is alcohol consumption allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Motorized Boat < 4 Passengers	< than 4 Pass	\$
<input type="checkbox"/> Motorized Boat > 4 Passengers	< than 4 Pass	\$

**ACTIVITIES CONDUCTED (CONTINUED)**

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

Are any of the above activities open to the general public?  Yes  No

If yes, for what type activities? \_\_\_\_\_

What percentage of revenue from activities is generated from non-lodging patrons? \_\_\_\_\_%

\*If Garagekeepers Legal Liability coverage is desired, please complete a **Garagekeepers ACORD form**.

**GUIDED OPERATIONS**

**N/A**

Do you provide guided services for any of the activities listed above?  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: \_\_\_\_\_

**GASOLINE & LP GAS SALES OR DISTRIBUTION**

**N/A**

Do you sell gasoline?  Yes  No

Are all pumps & tanks inspected annually by a certified company?  Yes  No

Do you have a separate pollution policy in place?  Yes  No

Do you distribute LP Gas tanks filled by others?  Yes  No

If yes, do you require a certificate of liability insurance from the vendor?  Yes  No

Do you fill LP gas tanks?  Yes  No

Do you have documentation that LP Fill Station meets all state and local LP codes?  Yes  No

Are employees certified and trained to fill LP gas tanks?  Yes  No

Is the fill station fenced or secured?  Yes  No

How many fixed LP Gas tanks do you have on premise? \_\_\_\_\_

**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

**POOL & SWIMMING AREAS (PONDS & LAKES)**

N/A

How many of each: \_\_\_\_\_ Pools \_\_\_\_\_ Lakes/Ponds \_\_\_\_\_ Other: please specify: \_\_\_\_\_

Are your swimming facilities open to the general public?

Yes  No

Are pool areas fenced?

Yes  No

If yes, does it have a childproof, self-locking gate?

Yes  No

Are all other swimming areas roped off or clearly defined?

Yes  No

Is the depth of the swimming area clearly marked?

Yes  No

Is there a lifeguard on duty?

Yes  No

If no, is there a sign indicating "No lifeguard, swim at your own risk, no diving" and a trained employee available for emergencies?

Yes  No

Do you have any diving boards, diving platforms, or floating docks?

Yes  No

Do you have a waterslide?

Yes  No

**If yes, please complete Pool & Swimming Areas (Ponds & Lakes) Supplemental.**

**WATERCRAFT**

N/A

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

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

Yes  No

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

Are life vests/personal floatation devices provided for participants?

Yes  No

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

**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**

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**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? \_\_\_\_\_

Are your buildings occupied 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**

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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.

**EXCESS LIABILITY (CONTINUED)**

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  
 \$ \_\_\_\_\_ Bl 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.**

## 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.



## **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, 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 LOUISIANA 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 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 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.

**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 claims 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

## APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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**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 intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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**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)*