

PROPERTY SECTION N/A

Premises Information

1. Is the Applicant's location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? Yes No
2. What is the Fire Protection Class of the Applicant's location? _____
3. Distance to fire station? _____ Miles
4. Is the responding fire department staffed or volunteer?
5. Distant to fire hydrant? _____ Feet
6. Are there other fire control water sources available?
 Pool Pond/Lake Water Tank Other: _____
7. Is the Applicant's location prone to grass fires and/ or forest fires? Yes No
8. Are there buildings at the Applicant's facility with limited access due to forest, terrain or season? Yes No
9. Are the Applicant's buildings located in heavily wooded areas? Yes No
10. Is the clearing from forest/ wooded areas greater than 150 feet? Yes No
11. Is the Applicant's business operational year round? Yes No
 If no, provide the number of months the Applicant is operational? _____ Months
12. Are the Applicant's buildings occupied year round? Yes No
13. If no, is there a caretaker on site Yes No or contracted? Yes No
14. If no, are buildings winterized? Yes No

Building Information

1. Are there smoke alarms in all corridors and bedrooms? Yes No
2. What types of smoke alarms are installed? Battery Hardwired
3. Is there a CO alarm installed? Yes No
4. Do any buildings have cooking facilities? Yes No
If yes, list building numbers: _____
5. Do any buildings have wood burning fireplaces and/ or woodstoves? Yes No
If yes, list building numbers: _____
6. If yes, are the chimneys and flues cleaned annually? Yes No
7. Do any buildings have any ACTIVE Knob and Tube and/ or Aluminum wiring? Yes No
If yes, list building numbers: _____
8. Does the Applicant have power generating equipment? Yes No
 If yes, is it 100% for emergency use only? Yes No
 List the size of each unit(in HP and KW): _____

DOCK INFORMATION

1. Number of docks? _____
2. Number of boat slips? _____
3. Construction: Frame Metal Floating Fixed Roofed Age: _____
 If roofed, has proper engineering for wind/snow loads been assessed? Yes No
4. Does the water around the Applicant's dock freeze? Yes No
 If yes, what date on average? _____
5. Are the docks removed? Yes No

ACTIVITIES

Actual Total Receipts for Prior 12 Months:				\$
Estimated Total Receipts for Next 12 Months:				\$
Activities Conducted	# of Guides	# of Units	User Days	Revenues
<input type="checkbox"/> Guided Fishing				\$
<input type="checkbox"/> Hiking/ Backpacking				\$
<input type="checkbox"/> Hunting				\$
<input type="checkbox"/> Lodging/ Cabin Rentals				\$
<input type="checkbox"/> Horseback Riding				\$
<input type="checkbox"/> Hay, Sleigh or Wagon Rides				\$

Activities Conducted	# of Guides	# of Units	User Days	Revenues
<input type="checkbox"/> Shooting Range – Rifle or Pistol				\$
<input type="checkbox"/> Bike Rentals				\$
<input type="checkbox"/> Mountain Bike Riding				\$
<input type="checkbox"/> Boating				\$
<input type="checkbox"/> Sea Kayak Tours/ Rentals				\$
<input type="checkbox"/> Water skiing				\$
<input type="checkbox"/> Jet Skis or Wave Runners				\$
<input type="checkbox"/> River Tubing				\$
<input type="checkbox"/> Whitewater Rafting				\$
<input type="checkbox"/> Cross Country Skiing				\$
<input type="checkbox"/> Dog Sled Tours				\$
<input type="checkbox"/> Downhill Skiing				\$
<input type="checkbox"/> ATV's				\$
<input type="checkbox"/> Snowmobiles				\$
<input type="checkbox"/> Paintball				\$
<input type="checkbox"/> Climbing Wall				\$
<input type="checkbox"/> Rock Climbing				\$
<input type="checkbox"/> Youth Camps or Programs				\$
<input type="checkbox"/> Other describe: _____				\$

OPERATIONS INFORMATION

- Does the Applicant require the Applicant's guests to sign a liability waiver? Yes No
- How many years has the Applicant been in business? _____ Years
- If the Applicant is a new venture, how many years of prior experience? _____ Years
- Are any operations conducted outside of the United States? Yes No
- Does the Applicant hire guides as sub-contractors? Yes No
If yes, for what activities? _____
- If yes, does the Applicant obtain proof of insurance? Yes No
- List safety procedures and/ or attach safety guidelines: _____

LODGING

N/A

Guest Quarters

- Total number of units for guest rental: _____
- Number of RV spaces/ tent sites: _____
- Maximum guest capacity is: _____

KITCHEN OPERATIONS

N/A

- Does the Applicant have an automatic extinguishing system over the cooking surface? Yes No
- Does the Applicant have automatic fuel shut-off to stove? Yes No
- Is there a maintenance contract to clean the Applicant's duct system? Yes No
- Does the Applicant have one or more fire extinguishers? Yes No
- Does the Applicant have any deep fat fryers? Yes No
- Is there a restaurant, bar or lounge on the premises? Yes No
If yes, is it open to the general public? Yes No
- What are the Applicant's liquor sales? \$ _____
- What are the Applicant's restaurant sales, not including liquor? \$ _____
- Of restaurant & liquor sales, what percentage is from people NOT lodging at the resort? _____ %
- What is the restaurant seating capacity? _____

SERVICE OPERATIONS N/A

1. Does the Applicant host any of the below events?

				Annual Revenues	
Weddings	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$	
Conferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$	
Special Events, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$	

2. Does the Applicant provide the catering at these functions? Yes No

3. Does the Applicant provide the liquor at these functions? Yes No

If no, does the Applicant collect certificates from the caterers that work on the Applicant's premise? Yes No

If the Applicant is requesting Liquor Liability the Applicant must complete the Liquor Liability Supplemental Application

RETAIL OPERATIONS N/A

1. Does the Applicant have retail operations for any of the following?

- General Store Pro Shop Restaurant
 Liquor Store Gift Shop Fuel Sales

2. What are the Applicant's total gross sales from retail operations? \$ _____

POOL AND SWIMMING AREAS N/A

1. How many of each: Pools _____ Lakes _____ Other: _____
 Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** Yes No

2. Are the Applicant's swimming facilities open to the general public? Yes No

3. Fenced? Yes No

4. Diving board? Yes No

5. Locking gate? Yes No

6. Is the depth of pool marked? Yes No

7. Are life rings or buoys provided? Yes No

8. Life guard on duty? Yes No

9. Pool rules posted? Yes No

10. Is there signage "No life guard, swim at your own risk, no diving"? Yes No

11. Does the Applicant have a water tramp? Yes No

12. Does the Applicant have a waterslide? Yes No

If yes, what is the length & height of slide? Length: _____ / Height: _____

WATERCRAFT LIABILITY SECTION N/A

Boat Schedule *(if necessary use another sheet of paper)*

Year	Make & Model	Length	HP	OB/IB/O	# Pass	Guided	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

WATERCRAFT GENERAL INFORMATION

1. What type of operation does the Applicant have?
 Boat Rentals Fishing Trips Tube or Canoe Rentals Hunting Other: _____

2. On what bodies of water does use take place?
 Rivers Lakes Ocean Bays/ Inlets

3. If Rivers, what classes are boated:
 Class I Class II Class III Class IV Class V

4. Are life vests (PFD's) required? Yes No

5. Are life vests (PFD's) provided? Yes No

CANOE, KAYAK AND/ OR RIVER TUBING INFORMATION <input type="checkbox"/> N/A		
Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. What percent of the Applicant's operations are unguided? _____%
2. Number of guides: _____

EQUINE SECTION N/A

Ride Information

1. Total number of horses available for guest riding: _____
2. Maximum number of horses in use for guest riding at any one time: _____
3. Average number of horses in use for guest riding at any one time: _____
4. What is the youngest rider the Applicant will allow on a horse: _____ Years Old
5. Does the Applicant offer the use of helmets? Yes No
6. Does the Applicant ever allow double riding? Yes No
7. What percentage of the Applicant's guest ride: Western Saddle? _____% vs. English Saddle? _____%
8. What percentage of the Applicant's horse operations are: Unguided? _____% vs. Guided? _____%
9. What is the maximum guide to guest ratio? _____ Guides to _____ Guests
10. Does the Applicant operate pony rides? Yes No
If yes: Trail Ride Riding Ring Hand Led
11. What is the youngest rider the Applicant will allow on a pony? _____ Years Old
12. Does the Applicant require guest to complete a physical fitness information form prior to riding? Yes No
13. Does the Applicant pre-screen guest riders and determine ability prior to riding? Yes No
14. Do guides carry with them any communication device (2-way radio, cell phone, etc.?) Yes No
15. Does the Applicant conduct a pre-ride safety briefing with guests? Yes No
16. Does the Applicant provide a written safety manual of procedures to all staff members? Yes No
17. Does the Applicant ever participate in parades or community celebrations with the Applicant's horses? Yes No
18. Lists reasons why the Applicant would decline a person from riding (health, age, weight, alcohol, general, pregnancy): _____

ACCOUNT INFORMATION

1. Does the Applicant board horses for a fee? Yes No
If yes, how many? _____
2. Does the Applicant teach or allow the Applicant's guests to participate in:

<input type="checkbox"/> Dressage	<input type="checkbox"/> Inoculations	<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Horse Jumping
<input type="checkbox"/> Horse Racing	<input type="checkbox"/> Team Penning	<input type="checkbox"/> Hay Rides	<input type="checkbox"/> Roping Cattle
<input type="checkbox"/> Cattle Drives	<input type="checkbox"/> Sleigh Rides	<input type="checkbox"/> Branding Cattle	<input type="checkbox"/> Handling Livestock
<input type="checkbox"/> Buckboard/ Buggy Rides			
3. Are guests allowed to handle rope or brand livestock? Yes No
4. If the Applicant conducts Cattle Drives, what is the number of:
Wranglers to _____ Riders _____ Maximum Duration: _____ Maximum Distance: _____
5. If the Applicant's ranch conducts a Rodeo/ Gymkana, describe what activities the Applicant's guests can participate in: _____

GUIDE INFORMATION			
Name	Age	Years Experience	First Aid Qualifications

LOSS HISTORY		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Does the Applicant have knowledge of any incident which may lead to a claim? Yes No
If yes, please describe:

AUTOMOBILE		
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1. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
If yes:
- a. Is driving policy communicated in writing to all employees? Yes No
- b. Is a signed acknowledgement form kept on file? Yes No
If yes, please provide a copy of signed acknowledgement.
- c. Do driving standards include the following:
- i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No
- ii. No more than 2 moving violations within past 3 years? Yes No
- iii. No more than 1 at fault accident within past 3 years? Yes No
2. How often does the Applicant check MVR reports? _____
3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
4. Describe any ongoing training provided to drivers:

5. Does the Applicant have GPS tracking capability? Yes No
6. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No
If yes:
- a. Are the driving policy and standards for these drivers the same as in questions 1-3? Yes No
- b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing
 - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____ %
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

 - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A
2. Emergency Water Response (domestic and AS water lines)
 - a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
 - b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
 - c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A
3. Automatic Water Shutoff Devices
 - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A
4. Unused/Vacant Spaces
 - a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A
5. Unheated Areas (attics, crawl spaces, exterior wall joists)
 - a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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 OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)