

Lodge & Resort Application

Named Insured:	
Principal Contact:	
Mailing Address:	
Location Address (Important):	
Phone Number:	Fax Number:
Effective Date:	Website: www.
Business Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Limit of Liability Requested: <input type="checkbox"/> \$ 300,000 Occurrence <input type="checkbox"/> \$ 500,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence	

Do you operate any other businesses from this location? Yes No
(List information below for each business, use a separate sheet to list information if necessary)
 If yes, type of entity: Corporation Partnership Individual LLC Other
 Description of Other Business:

Prior Carrier Information			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Additional Insureds, if necessary use another sheet of paper		
Name	Complete Address	Interest

- Required Attachments**
1. All brochures describing any and all services; or website address above.
 2. The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
 3. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by the insured.
 4. ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

Producing Insurance Agent			
AGENCY:	Outdoor Insurance Group		
CONTACT:			
ADDRESS:	400 N Woodlawn Suite 100 Wichita, KS 67208		
TELEPHONE:	3 1 6 - 6 8 3 - 7 8 0 8	FAX:	3 1 6 - 6 8 3 - 7 8 1 8

**THIS IS AN APPLICATION FOR INSURANCE.
THIS IS NOT A BINDER OF INSURANCE.**

Property Section	<input type="checkbox"/> N/A
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Location Information

Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Fire Protection Class of your location?	
Distance to Fire Station?	miles
Is the responding fire department <input type="checkbox"/> staffed or <input type="checkbox"/> volunteer?	
Distance to Fire Hydrant?	feet
Are there other fire control water sources available? <input type="checkbox"/> Pool <input type="checkbox"/> Pond/Lake <input type="checkbox"/> Water Tank <input type="checkbox"/> Other:	
Is your location prone to grass fires and/or forest fires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there buildings at your facility with limited access due to forest, terrain or season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your buildings located in heavily wooded areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the clearing from forest/wooded areas greater than 150 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is your business operational year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, provide the number of months you are operational?	Mo.
Are your buildings occupied year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a caretaker on site <input type="checkbox"/> Yes <input type="checkbox"/> No or contracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are buildings winterized?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Property Information

Are there smoke alarms in all corridors and bedrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of powered smoke alarms are installed? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	
1. Do any buildings have cooking facilities? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any buildings have wood burning fireplaces and/ or woodstoves? If yes, list building numbers. If yes, are the chimneys and flues cleaned annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dock Information

Number of Docks?	
Number of Boat Slips?	
Complete the questions below only if property coverage is requested.	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Metal <input type="checkbox"/> Floating <input type="checkbox"/> Fixed <input type="checkbox"/> Roofed	Age:
If roofed, has proper engineering for wind/snow loads been assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the water around your dock freeze? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date on average?
Are the docks removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Activities Information

Prior 12 Months' Actual Total Receipts:	\$
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				\$
<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	
1. Do you require your guests to sign a liability waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years have you been in business?	Years
3. If you are a new venture, how many years of prior experience?	Years
4. Are any operations conducted outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you hire guides as subcontractors? If yes, for what activities? If yes, do you obtain proof of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

List safety procedures and/or attach safety guidelines:

Lodging Section **N/A**

Guest Quarters	
Total number of units for guest rental?	
Number of RV Spaces/Tent Sites?	
Maximum guest capacity is:	

Kitchen Operations	
Do you have an automatic extinguishing system over the cooking surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have automatic fuel shut-off to stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a maintenance contract to clean your duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have one or more fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any deep fat fryers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a restaurant, bar or lounge on the premises? If yes, is it open to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

What are your liquor sales?	\$
What are your 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		<input type="checkbox"/> N/A
Do you host any of these 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	\$
Do you provide the catering at these functions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide the liquor at these functions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you collect certificates from the caterers that work on your premise?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If are requesting Liquor Liability you must complete the Liquor Liability Supplement Application		

Retail Operations		<input type="checkbox"/> N/A
Do you have retail operations for any of the following?		
<input type="checkbox"/> General Store	<input type="checkbox"/> Pro Shop	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Fuel Sales
What are your total Gross Sales from retail operations?		\$

Pool and Swimming Areas		<input type="checkbox"/> N/A
How many of each: _____ Pools _____ Lakes _____ Other:		
Are your swimming facilities open to the general public?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Locking Gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the depth of pool marked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are life rings or buoys provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Guard on Duty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool Rules posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there signage "No life guard, swim at your own risk, no diving"?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a water tramp?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a waterslide?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the length & height of slide?	Length _____	/Height _____
Watercraft Liability Section		<input type="checkbox"/> N/A

Boat Schedule <i>if necessary use another sheet of paper</i>						
Year	Make & Model	Length	HP	OB/IB/IO	# 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
						<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information	
What type of operation do you have?	
<input type="checkbox"/> Boat Rentals <input type="checkbox"/> Fishing Trips <input type="checkbox"/> Tube or Canoe Rentals <input type="checkbox"/> Hunting <input type="checkbox"/> Other:	
On what bodies of water does use take place? <input type="checkbox"/> Rivers <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> Bays/Inlets	
If Rivers, what classes are boated: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V	
Are life vests (PFD's) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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		
What percent of your operations are unguided?		%
Number of guides?		

Equine Section N/A

Ride Information	
Total number of horses available for guest riding?	
Maximum number of horses in use for guest riding at any one time?	
Average number of horses in use for guest riding at any one time?	
What is the youngest rider you will allow on a horse?	years old
Do you offer the use of helmets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever allow double riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your guests ride Western Saddle? % vs. English Saddle? %	
What percentage of your horse operations are: Unguided? % vs. Guided? %	
What is the maximum guide to guest ratio?	Guides to _____ Guests
Do you operate pony rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: <input type="checkbox"/> Trail Ride <input type="checkbox"/> Riding Ring <input type="checkbox"/> Hand Led	years old
What is the youngest rider you will allow on a pony?	
Do you require guests to complete a physical fitness information form prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pre-screen guest riders and determine ability prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do guides carry with them any communication device (2-way radio, cell phone, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct a pre-ride safety briefing with guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide a written safety manual of procedures to all staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever participate in parades or community celebrations with your horses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):	

Account Information	
Do you board horses for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
<input type="checkbox"/> Dressage	<input type="checkbox"/> Team Penning <input type="checkbox"/> Barrel Racing
Do you teach or allow your guests to participate in:	<input type="checkbox"/> Sleigh Rides <input type="checkbox"/> Hay Rides
<input type="checkbox"/> Horse Racing	<input type="checkbox"/> Roping Cattle <input type="checkbox"/> Branding Cattle
<input type="checkbox"/> Cattle Drives	<input type="checkbox"/> Buckboard/Buggy Rides
<input type="checkbox"/> Horse Jumping	<input type="checkbox"/> Handling Livestock
<input type="checkbox"/> Inoculations	
Are guests allowed to handle, rope or brand livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you conduct Cattle Drives, what is the number of:	
Wranglers to _____ Riders	Maximum Duration: _____ Maximum Distance: _____
If your ranch conducts a Rodeo/Gymkana, describe what activities your guests can participate in:	

Loss History		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$

		\$
Do you have knowledge of any incident which may lead to a claim? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS 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: 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 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 IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

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 MAINE APPLICANTS: It is a crime to 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 MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

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 NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with 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 LOUISIANA AND 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 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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 TENNESSEE & 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.

Date: _____ Signature: _____