

# Resort and Lodge Application

This is an application for insurance. This is not a binder of insurance.

## SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

## GENERAL INFORMATION

Named Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Principal Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address (Important): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Type: Corporation Partnership Individual LLC Other: \_\_\_\_\_  
Limit of Liability requested: \$300,000 Occurrence \$500,000 Occurrence \$1,000,000 Occurrence

1. Do you operate any other business from this location? *List information below for each business and use a separate sheet to list information, if necessary.* Yes No

If yes, type of entity: Corporation Partnership Individual LLC Other: \_\_\_\_\_  
Description of business: \_\_\_\_\_

## PRIOR CARRIER INFORMATION

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

## ADDITIONAL INSURED *If necessary use another form.*

Name	Complete Address	Interest

## PRODUCING INSURANCE AGENT

Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY SECTION** **N/A**

**Premises Information**

- |  |                          |                      |
|--|--------------------------|----------------------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?   | Yes                      | No                   |
| 2. What is the Fire Protection Class of your location?   |                          |                      |
| 3. Distance Fire fire Station?   |                          | Miles                |
| 4. Is the responding fire department      Staffed or      Volunteer?   |                          |                      |
| 5. Distance to Fire Hydrant?   |                          | Feet                 |
| 6. Are there other fire control water sources available?      Pool      Pond/Lake      Water Tank      Other                             |                          |                      |
| 7. Is your location prone to grass fires and/or forest fires?  | Yes                      | No                   |
| 8. Are there buildings at your facility with limited access due to forest, terrain or season?  | Yes                      | No                   |
| 9. Are your buildings located in heavily wooded areas?   | Yes                      | No                   |
| 10. Is the cleaning from forest/wooded areas greater than 150 feet?  | Yes                      | No                   |
| 11. Is your business operational year round?<br>If no, provide the number of months you are operational?                                 | Yes                      | No<br>Months         |
| 12. Are your buildings occupied year round?<br>If no, is there a caretaker on site?<br>or contracted?<br>If no, are building winterized? | Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No |

**Building Information**

- |  |            |          |
|--|------------|----------|
| 1. Are there smoke alarms in all corridors and bedrooms?   | Yes        | No       |
| 2. What type of smoke alarms are installed?      Battery      Hardwired  |            |          |
| 3. Do any buildings have cooking facilities?<br>If yes, list building numbers:   | Yes        | No       |
| 4. Do any building have wood burning fireplaces and/or woodstoves?<br>If yes, list building numbers:<br>If yes, are the chimneys and flues cleaned annually? | Yes<br>Yes | No<br>No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or aluminum wiring?<br>If yes, list building numbers:  | Yes        | No       |
| 6. Do you have power generating equipment?<br>If yes, is it 100% for emergency use only?   | Yes<br>Yes | No<br>No |
| 7. List the size of each unit (in HP and KW):  |            |          |

**DOCK INFORMATION**

1. Number of docks?
2. Number of boat slips:

**Complete the questions below only if property coverage is requested for docks.**

- |   |     |    |
|---|-----|----|
| 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 your dock freeze?<br>If yes, what date on average:           | Yes | No |
| 5. Are the docks removed?   | Yes | No |

## ACTIVITY INFORMATION

**Actual Total Receipts for Prior 12 Months:**

**Estimated Total Receipts for Next 12 Months:**

ACTIVITIES CONDUCTED	# OF GUIDES	# OF UNITS	USER DAYS	REVENUES
Guided Fishing				\$
Hiking/Backpacking				\$
Hunting				\$
Lodging / Cabin Rentals				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Shooting Range – Rifle or Pistol				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Boating				\$
Sea Kayak Tours / Rentals				\$
Waterskiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Whitewater Rafting				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
ATV's				\$
Snowmobiles				\$
Paintball				\$
Climbing Wall				\$
Rock Climbing				\$
Youth Camps or Programs				\$
Other, describe:				\$

## OPERATIONS INFORMATION

1. Do you require guests to sign a liability waiver? Yes    No
2. How long are signed liability waivers kept on file?      years. Paper copies?    Yes    No    Electronic methods?    Yes    No
3. How many years have you been in business?
4. If you are a new venture, how many years of prior experience?
5. Are any operations conducted outside of the United States? Yes    No
6. Do you hire guides as sub-contractors? Yes    No  
     If yes, for what activities?  
     If yes, do you obtain proof of insurance? Yes    No

**LODGING SECTION – GUEST QUARTERS****N/A**

1. Total number of units for guest rental?
2. Number of RV Spaces:                      Tent Sites:
3. Maximum Guest Capacity is:

**KITCHEN OPERATIONS****N/A**

- |   |     |    |
|---|-----|----|
| 1. Do you have an automatic extinguishing system over the cooking surface?                            | Yes | No |
| 2. Do you have automatic fuel shut-off to stove?  | Yes | No |
| 3. Is there a maintenance contract to clean your duct system?   | Yes | No |
| 4. Do you have one or more fire extinguishers?  | Yes | No |
| 5. Do you have any deep fat fryers?   | Yes | No |
| 6. Is there a restaurant, bar or lounge on the premises?<br>If yes, is it open to the general public? | Yes | No |
| 7. What are your liquor sales?  | \$  |    |
| 8. What are your restaurant sale, not including liquor?   | \$  |    |
| 9. Of restaurant and liquor sales, what percentage is from people NOT lodging at the resort?          |     | %  |
| 10. What is the restaurant seating capacity?  |     |    |

**SERVICE OPERATIONS****N/A**

- |  |     |    |     |    |
|--|-----|----|-----|----|
| 1. Do you host any of these events?  |     |    |     |    |
| Weddings   | Yes | No | \$  |    |
| Conferences  | Yes | No | \$  |    |
| Special Events, describe:  | Yes | No | \$  |    |
| 2. Do you provide the catering at these functions?                             |     |    | Yes | No |
| 3. Do you provide liquor at these functions?                                   |     |    | Yes | No |
| If no, do you collect certificate from the caterers that work on your premise? |     |    | Yes | No |

***If requesting Liquor Liability you must complete the Liquor Liability Supplemental Application.***

**RETAIL OPERATIONS****N/A**

1. Do you have retail operations for any of the following?

General Store	Pro Shop	Restaurant
Liquor Store	Gift Shop	Fuel Sales
2. What are your 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? |       |        | Yes    | No      |  |
| If no, provide time table and action plan:  |       |        |        |         |  |
| 2. Are your 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. Do you have a water tramp?  |       |        | Yes    | No      |  |
| 12. Do you have a waterslide?   |       |        | Yes    | No      |  |
| If yes, what is the length & height of slide?   |       |        | Length | /Height |  |

**WATERCRAFT LIABILITY INFORMATION:** **N/A**

**Boat Schedule (If necessary please utilize another sheet and attach to application)**

Year	Make / Model	Length	Horse Power (HP)	OB/IB/IO	# of Passenger	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

**WATERCRAFT GENERAL INFORMATION** **N/A**

- |  |              |               |                       |               |           |
|--|--------------|---------------|-----------------------|---------------|-----------|
| 1. What type of operation do you have?<br>Other:                                       | Boat Rentals | Fishing Trips | Tube or Canoe Rentals | Hunting       |           |
| 2. On what bodies of water does use take place?<br>If rivers, what classes are boated: | Rivers       | Lakes         | Ocean                 | Bays / Inlets |           |
|  | Class I      | Class II      | Class III             | Class IV      | Class V   |
| 3. Are life vests (PFD's) required?  |              |               |                       |               | Yes    No |
| 4. Are life vests (PFD's) provided?  |              |               |                       |               | Yes    No |

**CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION** **N/A**

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. What percent of your operations are unguided?
2. Number of guides?

**EQUINE SECTION** **N/A**

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 you will allow on a horse?
5. Do you offer use of helmets? Yes    No
6. Do you ever allow double riding? Yes    No
7. What percentage of your guests ride:                      Western                      % vs. English saddle?                      %
8. What percentage of your horse operations are:    Unguided                      %                      vs. guided?                      %
9. What is the maximum guide to guest ratio?                      Guides to                      Guests
10. Do you operate pony rides? Yes    No  
 If yes:                      Trail Ride                      Riding Ring                      Hand Led                      Other (describe):
11. What is the youngest rider you will allow on a pony? Years Old
12. Do you require guest to complete a physical fitness information form prior to riding? Yes    No
13. Do you 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. Do you conduct a pre-ride safety briefing with guests? Yes    No
16. Do you provide a written safety manual of procedures to all staff members? Yes    No
17. Do you ever participate in parades or community celebrations with your horses? Yes    No
18. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

**ACCOUNT INFORMATION**

1. Do you board horses for a fee? Yes    No  
 If yes, how many?
2. Do you teach or allow your guest to participate in:
 

Dressage	Cattle Drives	Inoculations	Horse Jumping	Team Penning
Sleigh Rides	Horse Racing	Roping Cattle	Hay Rides	Buckboard / Buggy Rides
Barrel Racing	Branding Cattle	Handling Livestock		
3. Are guests allowed to handle, rope or brand livestock? Yes    No
4. If you conduct Cattle Drives, what is the number of  
 Wranglers:                      to Riders:                      Max Duration:                      Max Distance:
5. If your ranch conducts a Rodeo/Gymkhana, describe what activities your guests may participate in:

**GUIDE INFORMATION**

Name	Age	Years Experience	First Aid Qualifications

**LOSS HISTORY**

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

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



## WILDFIRE MITIGATION SECTION

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires?
  
2. Are trees and branches pruned back to a minimum of 15 feet from all buildings? Yes    No
3. Are roofs, decks and gutters cleared of pine needles, leaves and other debris? Yes    No
4. Are campfires kept a minimum of 15 feet from all buildings, shrubs, trees, or other flammable objects? Yes    No
5. Are branches that hang over roofs and chimneys removed? Yes    No
6. Do you have a wildfire response plan? If so, please attach. Yes    No
7. Do you keep an inventory of hazardous/ flammable substances within your facilities? Yes    No
8. Are the access roads to your facility paved and maintained accessible all year? Yes    No
9. Are the majority of your interior roadways? (Check one)    Paved    Gravel    Dirt
10. Are there any steep grades that could hinder fire department service vehicles? Yes    No
11. What percentage of your structures are treated with a fire protective material? %
12. What is the percentage of roofing materials on your buildings?
 

% Asphalt	% Metal	%Tile/Slate	% Other (Describe)
-----------	---------	-------------	--------------------
13. What percent of all your buildings have protective screens on all exterior openings such as sub-floor ventilation/ crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers? %
14. Describe any type of natural breaks or man-made fire breaks surrounding the property:
  
15. Describe any additional water sources on the insured premise:
  
16. Any other type of fire prevention material on site (ie. Fire gel, Fire retardant, foam, fire pumps)?



### Fraud Notice

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, 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:** 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 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.

**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.

**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.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Must be signed by the president, chairman, CEO or executive officer.*

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Produced By: *Section to be completed by producer/broker.*

Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

Producer License Number: \_\_\_\_\_ Agency Taxpayer ID or SS Number: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

