

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

FEIN:

Mailing Address:

Location Address (Important):

Phone Number:

Fax Number:

Effective Date:

Website: [www.](http://www.)

Business Form: ☒ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other

Limit of Liability Requested:

\$ 300,000 Occurrence

\$ 500,000 Occurrence

\$ 1,000,000 Occurrence

Do you operate any other businesses from this location?

Yes      No

What is the legal name of this business?

If yes, type of entity:      Corporation      Partnership      Individual      LLC      Other

Description of Other Business:

	INSURANCE CARRIER	LIMITS OF LIABILITY	PREMIUM
Last Year			
Two Years Ago			
Three Years Ago			

NAME	COMPLETE ADDRESS	INTEREST

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.)

## Agency:

Address:

Contact:

Telephone/Fax:

## PROPERTY SECTION

### Location Information

Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?	Yes	No
What is the Fire Protection Class of your location?		
Distance Fire Station?		Miles
Is the responding fire department	Staffed or	Volunteer?
Distance to Fire Hydrant?		Feet
Are there other fire control water sources available?	Pool	Pond/Lake
	Water Tank	Other
Is your location prone to grass fires and/or forest fires?	Yes	No
Are there buildings at your facility with limited access due to forest, terrain or season?	Yes	No
Are your buildings located in heavily wooded areas?	Yes	No
Is the clearing from forest/wooded areas greater than 150 feet?	Yes	No
Is your business operational year round?	Yes	No
If no, provide the number of months you are operational?		Months
Does owner/employee live on the premises?	Yes, Owner	Yes, Employee
Does owner/employee have any pet(s) on the premises?	Yes	No
If yes, list type/breed of pet(s):		
Are your buildings occupied year round?	Yes	No
If no, is there a caretaker on site	Yes	No
or contracted?	Yes	No
If no, are building winterized?	Yes	No

### Basic Property Information

Is your building sprinklered?	Yes	No
Are there smoke alarms in all corridors and bedrooms?	Yes	No
Battery		Hardwired
How many floors does your main building have?		Floors
Do you have emergency lighting in all corridors and bedrooms?	Yes	No
Do you have two means of egress from all floors?	Yes	No
Building Updates:		
Electrical Wiring	Yes, year	No, year built
Plumbing	Yes, year	No
Heating System	Yes, year	No
Do you have or believe to have any Federal Stab Loc Circuit Breakers?	Yes	No
<small>(Note: The name "Stab-Lok" is identified on the panel board, the breaker switches may contain some RED coloring)</small>		
Do any buildings have any ACTIVE Knob & Tube and/or aluminum wiring?	Yes	No
If yes, list building numbers:		
Do any buildings have cooking facilities?	Yes	No
If yes, list building numbers		
Do you have wood burning stoves or fireplaces?	Yes	No
If yes, are the chimneys and flues cleaned annually?	Yes	No
Do you allow smoking inside any buildings?	Yes	No

**Guest Quarters**

Total number of units for guest rental?

Maximum guest capacity is:

Do you allow pets?

Yes No

Do you have "Do Not Disturb" signs adequately supplied in each room?

Yes No

Are you or your employee present overnight when guests are registered?

Yes 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
Hiking/Nature Tours				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Bike Rentals				\$
Boating				\$
Sea Kayak Tours/Rentals				\$
Water Skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Cross Country Skiing				\$
Historic Tours				\$
Day Care / Babysitting				\$
Other, describe:				\$

Do you require your guests to sign a liability waiver for recreational activities?

Yes No

How long are signed liability waivers kept on file?      years. Paper copies?      Yes      No      Electronic methods?

Yes No

How many years have you been in business under current name and location?

Years

Do you hire subcontractors? If yes, for what activities?

Yes No

If yes, do you obtain proof of insurance? Please attach certificates

Yes No

List safety procedures and/or attach safety guidelines:

**Retail Operations****N/A**

Do you have retail operations for any of the following?

General Store

Gift Shop

Liquor Store

What are our total Gross Sales from retail operations?

\$

Do you sell any products under our own name (food, snacks, shirts, souvenirs, etc.)

Yes No

What are our total Gross Sales from retail operations?

\$

**Pool and Swimming Operations****N/A**

How many of each:      Pools      Lakes      Other:

Are your swimming facilities open to the general public?      Yes      No

Fenced?      Yes      No

Diving Board?      Yes      No

Locking Gate?      Yes      No

Is the depth of pool marked?      Yes      No

Are life rings or buoys provided?      Yes      No

Pool Rules posted?      Yes      No

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

Do you have a water slide?      Yes      No

If yes, what is the length &amp; height of slide?      Length      /Height

**Food Service Operations****N/A**

Do you have an automatic extinguishing system over the cooking surface?      Yes      No

Do you have automatic fuel shut-off to stove?      Yes      No

Is there a maintenance contract to clean your duct system?      Yes      No

Do you have one or more fire extinguishers?      Yes      No

Do you have a service agreement for your extinguishers?      Yes      No

Do you have any deep fat fryers?      Yes      No

Is the deep fat fryer covered by an automatic extinguishing system?      Yes      No

**Service Operations****N/A**

Do you host any of these events?

Weddings      Yes      No      \$

Conferences      Yes      No      \$

Special Events, describe:      Yes      No      \$

Do you provide the catering at these functions?      Yes      No

If no, do you collect certificates from the caterers that work on your premise?      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 your liquor sales?      \$

What are your restaurant sales, not including liquor?      \$

What percentage of restaurant and liquor sales is from patrons NOT lodging at the resort?      %

What is the restaurant seating capacity?

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

**Personal Liability Option Operations****N/A*****If requesting personal Liability you must complete this section.***

Do you own any other residences or vacation properties? Yes No

Do you have any Personal Liability coverage with the insurance for these properties? Yes No

Are there any dogs on this premise? Yes No  
If yes, list breed(s):

Is the Bed & Breakfast on this application your primary residence? Yes No

Do you have firearms kept on the premises? Yes No  
If yes, describe how/where they are stored:

List all family members/dependents living with you at this location and their ages.

NAME	AGES

**Loss History**

DATE	DESCRIPTION OF INCIDENT	REVENUES
		\$
		\$
		\$
		\$
		\$

Do you have an knowledge of any incident which may lead to a claim? Yes No

If yes, please describe:

## 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.

Insured Signature:

Date: