

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



RESORT & LODGE APPLICATION

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:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Website: www.

Business Form: Corporation Partnership Individual LLC Other:

Effective Date:

Limit of Liability requested: \$ 300,000 Occurrence

\$ 500,000 Occurrence

\$ 1,000,000 Occurrence

1. 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 INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

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

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies

8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031

Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900

www.outdoorinsurance.com ▪ www.phly.com

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 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 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 clearing from forest/wooded areas greater than 150 feet? | Yes | No |
| 11. Is your business operational year round? | Yes | No |
| If no, provide the number of months you are operational? | | Months |
| 12. Are your 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 type of smoke alarms are installed? Battery Hardwired | | |
| 3. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 4. Do any buildings have wood burning fireplaces and/or woodstoves?
If yes, list building numbers: | Yes | No |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring?
If yes, list building numbers: | Yes | No |

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?
If yes, what date on average: | Yes | No |
| 5. Are the docks removed? | Yes | No |

ACTIVITIES 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				\$

Activities Conducted	# of Guides	# of Units	User Days	Revenues
Shooting Range – Rifle or Pistol				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Boating				\$
Sea Kayak Tours/Rentals				\$
Water skiing				\$
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 your guests to sign a liability waiver? | Yes | 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? | Yes | No |
| 5. Do you hire guides as sub-contractors? | Yes | No |
| If yes, for what activities? | | |
| If yes, do you obtain proof of insurance? | Yes | No |
| 6. 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 **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? | Yes | No |
| If yes, is it open to the general public? | Yes | No |
| 7. What are your liquor sales? | \$ | |
| 8. What are your restaurant sales, not including liquor? | \$ | |
| 9. Of restaurant & 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? Annual Revenues

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 the liquor at these functions? Yes No
 If no, do you collect certificates from the caterers that work on your premise? Yes No
If you are 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? If no, provide time table and action plan:	Yes	No
---	-----	----
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 SECTION	N/A
------------------------------	-----

Boat Schedule <i>(if necessary use another sheet of paper)</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION

1. What type of operation do you 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

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies
 8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031
 Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900
www.outdoorinsurance.com ▪ www.phly.com

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
----------------	--	-----

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 you will allow on a horse: Years Old
5. Do you offer the use of helmets? Yes No
6. Do you ever allow double riding? Yes No
7. What percentage of your guest ride: Western Saddle? % 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
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. Lists 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 guests to participate in:

Dressage	Inoculations	Barrel Racing	Horse Jumping
Horse Racing	Team Penning	Hay Rides	Roping Cattle
Cattle Drives	Sleigh Rides	Branding Cattle	Handling Livestock
Buckboard/ Buggy Rides			
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	Maximum Duration:	Maximum Distance:
--------------	--------	-------------------	-------------------
5. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests can 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:

Fraud Notice

NOTICE TO 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 MAY SUBJECT SUCH PERSON 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 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 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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.

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 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 OF THE THIRD DEGREE.

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 MAINE AND 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 TENNESSEE 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:

Agent Signature: _____ Date: