

# RESORT INSURANCE INFORMATION FORM

## GENERAL INFORMATION

1. **Name of Insured (as will appear on policy):** \_\_\_\_\_  
**Doing business as:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **FEIN#:** \_\_\_\_\_  
**Person is:**  Owner  Promoter  Agent  Other: \_\_\_\_\_  
**In Season Phone:** \_\_\_\_\_ **Off Season Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Resort/Guest Ranch/Campground Web site:** \_\_\_\_\_

2. **Name of Agency/Brokerage:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

3. **Insured is:**  Corporation  Partnership  Joint Venture  For Profit  501 3C Non Profit  
 Other (explain): \_\_\_\_\_

4. **Number of years in business:** \_\_\_\_\_ **Number of years under present management:** \_\_\_\_\_  
 State the location in which the organization is headquartered/chartered: \_\_\_\_\_  
 Member in good standing of any recognized camping organization?  Yes  No  
 If yes, name of organization \_\_\_\_\_

5. Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Has your coverage ever been cancelled or non-renewed?  Yes  No If so, why: \_\_\_\_\_  
 \_\_\_\_\_

7. Please describe any prior losses over \$5,000: \_\_\_\_\_

8. Prior Carrier Information (New Business Only)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

## COVERAGE INFORMATION

9.

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS

10. Location of resort/guest ranch/campground: \_\_\_\_\_  
 Location of off-premises office: \_\_\_\_\_  
 Is off-premises office located in a commercial building or residence? \_\_\_\_\_  
 Total sq. footage of off-premises office: \_\_\_\_\_

11. Any other insured locations: \_\_\_\_\_
12. List all other operations of the named insured, that are not a part of the resort/guest ranch/campground operations (*ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.*): \_\_\_\_\_

Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy?  Yes  No

13. Date of last board of health inspection: \_\_\_\_\_

14. Do employees, management, or caretakers, etc. live on premises year round?  Yes  No  
 If yes, whom: \_\_\_\_\_ How many units do they occupy: \_\_\_\_\_  
 If not, explain security/up keep for premises: \_\_\_\_\_

15. Are all permanent structures at the insured premises owned by the named insured?  Yes  No  
 If no, please specify: \_\_\_\_\_

16. Do you have volunteers?  Yes  No  
 If yes, for what position(s)? \_\_\_\_\_

17. Is there a training program for employees?  Yes  No

18. Is there a written Risk Management program?  Yes  No

19. Is there an emergency procedure program?  Yes  No  
 If yes, describe: \_\_\_\_\_

20. Is there a medical log documenting illnesses, injuries, and/or treatments for campers?  Yes  No

21. Are pets allowed?  Yes  No  
 If yes, describe rules and enforcement practices: \_\_\_\_\_

22. Are any firearms/ammunition stored or kept on site?  Yes  No  
 If yes, please describe: \_\_\_\_\_

23. Describe cooking facilities (*ie. deepfryers, grills, ovens, etc.*): \_\_\_\_\_  
 \_\_\_\_\_  
 Is there an Ansul or similar automatic fire protection system over all cooking surfaces?  Yes  No  
 If yes, what type: \_\_\_\_\_  
 If no, explain: \_\_\_\_\_

24. Is there a fire station (paid or volunteer) within a 5 mile radius?  Yes  No  
 Are there fire hydrants on or near premises?  Yes  No  
 Do all sleeping rooms have smoke detectors?  Yes  No  
 Are any buildings sprinklered?  Yes  No  
 If so, which ones: \_\_\_\_\_

25. List any playground equipment and its condition: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the ground covered with an appropriate surface/fall zone material?  Yes  No

26. Is there an on-site sewage treatment facility?  Yes  No If yes:  Campers only  General public  
 How frequently is tank emptied? \_\_\_\_\_  
 Where/how is sewage disposed?  City/County Sewer System  Drive away service contracted  
 Pumped into pond, cesspool, waterway, or lagoon

27. How often is trash disposed of? \_\_\_\_\_

28. Is liquor sold for consumption?  Yes  No      If yes:  Package sales     By the drink     For Carry-Out  
 At what point of sale are I.D.'s checked? \_\_\_\_\_  
 Is training for servers/sellers of liquor provided?  Yes  No  
 If yes, what type: \_\_\_\_\_  
 Are the proper liquor licenses obtained/displayed?  Yes  No  
 Has applicant's alcohol beverage license ever been revoked, suspended or fined?  Yes  No  
 If yes, explain: \_\_\_\_\_

- Is liquor liability insurance requested?  Yes  No  
 29. Is LPG sold?  Yes  No  
 Capacity of tanks: \_\_\_\_\_ lb.      Are they fenced?  Yes  No      Fence height: \_\_\_\_\_  
 Who does the filling of the tanks? \_\_\_\_\_  
 What training has this person had? \_\_\_\_\_  
 Are tanks weighed after filling?  Yes  No  
 Are tanks checked for leaks after filling?  Yes  No  
 Is Certificate of Insurance from supplier on file?  Yes  No  
 30. Is gasoline sold?  Yes  No      Self-service:  Yes  No  
 Proper safety signs posted?  Yes  No

**EXPOSURES**

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	Campsites (Number of sites _____)	\$	_____	<input type="checkbox"/>	Facility Rental	\$	_____
<input type="checkbox"/>	LP Gas Sales	# of gallons	_____		(Weddings, Corporate Events, Family Reunions, etc)		
<input type="checkbox"/>	Grocery/Convenience Stores	\$	_____	<input type="checkbox"/>	Liquor Liability		
<input type="checkbox"/>	Cabin Rentals	\$	_____		Package Sales	\$	_____
<input type="checkbox"/>	Hotels/Motels	\$	_____		Restaurant	\$	_____
<input type="checkbox"/>	Restaurant	\$	_____		Other	\$	_____
<input type="checkbox"/>	Spa	\$	_____				
<input type="checkbox"/>	Gasoline Sales	# of gallons	_____				
	<input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service						

**ACTIVITIES**

Are any of the following activities provided by the camp (Additional underwriting information may be required)?

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	ATV/Snowmobile Rental	\$	_____	<input type="checkbox"/>	Hayrides	\$	_____
	(Supplemental Form Required)			<input type="checkbox"/>	Inflatables (Bounce House, etc)	#	_____
<input type="checkbox"/>	Amusement Rides	\$	_____	<input type="checkbox"/>	Miniature Golf	\$	_____
<input type="checkbox"/>	Arcade	\$	_____	<input type="checkbox"/>	Paintball	# of fields	_____
<input type="checkbox"/>	Archery	\$	_____		(Supplemental Form Required)		
<input type="checkbox"/>	Bicycle Rental	\$	_____	<input type="checkbox"/>	Petting Zoo	\$	_____
<input type="checkbox"/>	Boat Rental (LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats)	#	_____	<input type="checkbox"/>	Picnic Grounds	\$	_____
<input type="checkbox"/>	Boat Rental (MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft)	#	_____	<input type="checkbox"/>	Rifle Ranges	#	_____
<input type="checkbox"/>	Cross Country Skiing	\$	_____	<input type="checkbox"/>	Rock Climbing / Rappelling	\$	_____
<input type="checkbox"/>	Driving Range (Golf)	\$	_____	<input type="checkbox"/>	Ropes Course / Climbing Wall (# _____)	\$	_____
<input type="checkbox"/>	Fireworks	# of shows	_____	<input type="checkbox"/>	Saddle Animals (# _____)	\$	_____
	(Fireworks Supplemental Form Required)			<input type="checkbox"/>	Sauna / Hot tubs	#	_____
<input type="checkbox"/>	Golf Course	\$	_____	<input type="checkbox"/>	Skeet/Trap Shooting	\$	_____
	(Supplemental Form Required)			<input type="checkbox"/>	Trampolines / Jumping Pillows	#	_____
<input type="checkbox"/>	Golf Cart Rental (# of Golf Carts _____)	\$	_____	<input type="checkbox"/>	Bungee Trampolines	#	_____
<input type="checkbox"/>	Go Karts (# of Karts _____)	\$	_____	<input type="checkbox"/>	Tubing	\$	_____
	(Supplemental Form Required)			<input type="checkbox"/>	Water Trampolines (Blob, Iceberg, etc.)	#	_____
<input type="checkbox"/>	Guided Hunting / Fishing	\$	_____	<input type="checkbox"/>	Zipline (# _____)	\$	_____
	(Supplemental Form Required)			<input type="checkbox"/>	Other: _____		

33. Does insured have a safety plan for all activities checked? (If yes, attach copy)  Yes  No

34. Does insured contract with others for program services for any of these activities?  Yes  No

If yes, please explain: \_\_\_\_\_

Are certificates of insurance provided (If yes, attach sample)?  Yes  No

Are any contracts signed with these groups (If yes, attach copies)?  Yes  No

35. Do any activities take place off the Resort/Guest Ranch/Campground premises?  Yes  No

If yes, please explain, including explanation of transportation: \_\_\_\_\_

36. **WEDDING/CORPORATE EVENT/FAMILY REUNION/RENTALS**  N/A

Is facility leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?  Yes  No

If yes, are certificates of insurance naming your entity as an additional insured required?  Yes  No

Are limits of \$1,000,000 required?  Yes  No

If no, explain: \_\_\_\_\_

Are contracts/agreements signed with these entities (If yes, attach sample)?  Yes  No

Gross receipts from leased periods: \$ \_\_\_\_\_

During leased periods, does management or any other employees remain on the premises?  Yes  No

If yes, please explain: \_\_\_\_\_

Do activities take place during leased period that do not take place during usual operations?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you sell or furnish liquor during leased periods?  Yes  No

**If yes, please complete the Liquor Liability Application.**

37. **IF INSURED UTILIZES A POOL:**  N/A

Total number of pools: \_\_\_\_\_

Is it open to members of the public?  Yes  No

Maximum depth of swimming area: \_\_\_\_\_

Is it fenced?  Yes  No Height: \_\_\_\_\_

Are depth markings clearly visible in and around the pool?  Yes  No

Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_

Depth of water at diving board entry: \_\_\_\_\_

Is a lifeguard provided?  Yes  No

If yes, ratio of swimmers to lifeguards: \_\_\_\_\_

Are lifeguards certified?  Yes  No

If yes, by whom: \_\_\_\_\_

Are rules posted at the pool area?  Yes  No

Is proper signage in place indicating no diving,

no lifeguard on duty, etc?  Yes  No

Any nighttime swimming allowed?  Yes  No

If yes, is pool lighted?  Yes  No

Does your pool(s) meet the requirements of the Title XIV of public Law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-08?  Yes  No

If no, explain: \_\_\_\_\_

**IF INSURED UTILIZES A LAKE, POND OR RIVER:**  N/A

Total number of lakes, ponds or rivers: \_\_\_\_\_

Is it open to members of the public?  Yes  No

Maximum depth of swimming area: \_\_\_\_\_

Is swim area roped off?  Yes  No

Is signage posted clearly stating the depth of water, no diving, no lifeguard on duty, the rules for the lake/pond, etc.?  Yes  No

Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_

Depth of water at diving board entry: \_\_\_\_\_

Is a lifeguard provided?  Yes  No

If yes, ratio of swimmers to lifeguards: \_\_\_\_\_

Are lifeguards certified?  Yes  No

If yes, by whom: \_\_\_\_\_

Rescue vehicle available?  Yes  No

Any nighttime swimming allowed?  Yes  No

If yes, describe lighting: \_\_\_\_\_

\_\_\_\_\_



Condition of dock: \_\_\_\_\_

- Life jackets provided?  Yes  No      Renters required to wear?  Yes  No
- Boats rented to persons under 21 years of age?  Yes  No
- Boats allowed to stay out after sunset?  Yes  No
- Number of persons allowed in each boat: \_\_\_\_\_
- Are renters required to sign waiver form?  Yes  No
- Is there a marina exposure?  Yes  No
- Are boats and motors repaired for others?  Yes  No

42. **SADDLE ANIMALS**  N/A

- Number owned or leased: \_\_\_\_\_ Used at outside stable: \_\_\_\_\_
- If subcontracted, are certificates of insurance naming facility as additional insured required?  Yes  No
- Are limits of \$1,000,000 required?  Yes  No
- If no, explain: \_\_\_\_\_
- Are waivers signed by all riders? (If yes, please attach copy)  Yes  No
- Are riders under age 18 required to wear helmets?  Yes  No
- Are adult riders required to wear a helmet?  Yes  No
- If no, is a signed rejection required?  Yes  No
- Are riders required to wear shoes or boots with heels?  Yes  No
- Do you prescreen guest riders and determine ability prior to riding?  Yes  No
- Does an employee/guide lead or accompany all riders?  Yes  No
- Do guides carry with them any communication device (2 way radio, cellphone, etc.)?  Yes  No
- Do you conduct a pre-ride safety briefing with guest riders?  Yes  No
- Are riders allowed in the stable/barn area without supervision?  Yes  No

43. **GOLF CARTS**  N/A

- Do you rent golf carts?  Yes  No
- If yes, are procedures in place to regularly inspect the units for mechanical condition?  Yes  No
- Are renters trained in the proper operation of the units?  Yes  No
- Are golf carts rented to licensed drivers only?  Yes  No
- Are waivers signed? (If yes, attach copy)  Yes  No
- Are guests allowed to bring their own golf carts on premises?  Yes  No
- If so, is there a registration process at the facility?  Yes  No
- Does the facility verify the owner has liability insurance in place for the golf cart?  Yes  No

44. **DAYCARE / BABYSITTING / DAY CAMP**  N/A

- Do you offer: Daycare  Yes  No
- Babysitting  Yes  No
- Day camp  Yes  No
- If yes, do you discuss in staff training child/sexual abuse, how to recognize the signs, and what to do if a child reports that someone molested him/her?  Yes  No
- Do you have a written plan or procedure of supervision that monitors staff ratios and interaction with children left in your care or custody?  Yes  No
- Does your daycare/babysitting/day camp staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime including sex related or child abuse related offences?  Yes  No
- What is the age range of children in your care? Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
- Maximum length of stay in your care: \_\_\_\_\_
- Ratio of adult staff/attendants to children at any given time: \_\_\_\_\_
- Are any of the daycare/babysitting/day camp staff CPR and/or first aid trained?  Yes  No
- Are parents allowed to leave the facility while children are in your care?  Yes  No

45. SPA  N/A

List of what spa treatments are offered or attach menu (e.g. deep tissue massage, hot rock massage, acupuncture, microdermabrasion etc.):

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Are spa services concessioned or subcontracted?

Yes  No

If not, what certification or training do the employees have? \_\_\_\_\_

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**PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION**

- A. Resort/Guest Ranch/Campground brochure/literature defining activities (if no website).
- B. Schedule of events/activities or calendar of season (if no website).
- C. Company copies of loss history for last five (5) years.
- D. Diagram, map or photos of facility including any natural or man-made hazards (if no website).
- E. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.
- F. Brief resume of management personnel (required when ownership, operation or management has changed within the past 12 months).
- G. Copy of staff application and, when applicable, background check consent form (if not on website).
- H. Copy of waiver & release form used for boating, horseback riding, etc. as applicable.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)