



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 800-478-9880

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

GENERAL RECREATION

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability - Commercial Liability Coverage:

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000
 \$10,000

3. Business Activities

1. Length of season: _____
 2. Describe all activities for which coverage should be quoted (use additional sheets if necessary). Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires. _____

3. Premises/Locations: Please include any information which adequately describes your premises i.e. photos, diagrams, brochures, etc.

4. List all locations where activities are to take place:
 Address: _____
 How many buildings? _____

Address: _____

How many buildings? _____

Address: _____

How many buildings? _____

5. Is there water located on the premises? Yes No
 If yes, is the water: pond(s) lake(s) river(s) creek(s)

6. List all parties who have an interest in the premises:

Owner: _____

Address: _____

Tenant: _____

Address: _____

Other (explain): _____

Address: _____

7. Equipment

a. How often is equipment checked and inspected? _____

b. Who is responsible for equipment maintenance? _____

c. Do your customers use or rent any of your equipment? Yes No

d. Do you keep any maintenance records? Yes No

If yes, please describe: _____

e. Manufacturer: _____

f. Safety features: _____

g. Age requirements for use: _____

8. Risk Management

a. Do you have an accident/emergency plan? Yes No

b. Are all activities supervised? Yes No

If no, please describe unsupervised activities: _____

c. Do you use liability waivers? Yes No

If yes, please attach a copy.

d. Do you have an operating plan or procedures manual? Yes No

e. If yes, please attach a copy.

f. Are medical facilities or first aid stations/personnel provided? Yes No

9. Employees

a. Do you use Independent Contractors as employees? Yes No

b. What is the minimum age of employees? 16-18 18-21 21+

c. How many employees do you have?

	PART-TIME	FULL-TIME
Seasonal		
Year round		

d. Please enclose resumes of your manager(s).

10. Security

a. Describe crowd control: _____

b. Describe parking facilities and traffic control: _____

c. Do you use security personnel? Yes No

If yes, how many? _____

11. Independent Contractors/Concessions

a. Are there any Independent Contractors or concessions operating on your business premises?

Yes No

If yes, please list them: _____

b. Have you obtained certificates of insurance from all Independent Contractors or concessions?

Yes No

If yes, please enclose copies.

c. What, if any, are the minimum and maximum age, weight, or height requirements for participants?

	MINIMUM	MAXIMUM
Age		
Height (in feet, inches)		
Weight (in pounds)		

12. Customers/Patrons/Participants

a. How many people participate in your recreational activities at this location annually?

b. What are the most people that you could have participating in one day? _____

c. Break out gross receipts by category:

	LAST YEAR	THIS YEAR
Retail Sales	\$	\$
Rental Fees	\$	\$
Admission Fees	\$	\$
Competition Fees	\$	\$
Other	\$	\$
Total	\$	\$

13. Checklist of enclosures:

- | | |
|---|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Advertising Materials |
| <input type="checkbox"/> Liability Waiver (if used) | <input type="checkbox"/> Operating plan, procedural manual (optional) |
| <input type="checkbox"/> Staff Manual (Optional) | <input type="checkbox"/> Emergency Plan |
| <input type="checkbox"/> Personnel Roster | <input type="checkbox"/> Registration Form |
| <input type="checkbox"/> First Aid Kit List | |

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name