



A. General Information

Proposed Effective Date: _____

Business Name: _____

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

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

City: _____ State: _____ Zip: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Producer's Agency/Brokerage: _____ Producer Contact: _____

Producer's Email: _____ Producer's Phone #: _____

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

Please provide any **Owners, Managers or Risk Managers** that would need to be contacted. Include all employees dealing with loss control, safety inspections or daily business operations.

	Name	Position/Title	Responsibilities	Contact # and Email
1				
2				
3				

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

B. Insurance History

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

Have you been non-renewed or cancelled from a prior carrier? Yes No

If yes, provide details: _____

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	\$	\$	\$
Limits			

Has the Applicant or any predecessor 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: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$50,000/\$100,000/\$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) \$2,500 \$5,000 other: _____

Inland Marine Deductible: \$1,000 (Minimum) \$2,500 \$5,000 other: _____

E. Business Activities

- Length of Season: _____
- Premises/Locations--Please include any information that adequately describes your premises, i.e, photos, diagrams, brochures, etc.

Physical Address	Use	Acreage/ Sq Footage	Own	Rent	Lease	# of Buildings	Premises Liability Requested
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3. Identify all locations where activities take place by: area, river, state, national forest, park, etc. : _____

4. Supply estimated participation statistics:

Description of Rental	Annual Gross Receipts	Annual No. of Guests or Participants	X	No. of days each person participated	=	Total User Days
			X		=	
			X		=	
			X		=	

5. Do you perform any guided tours with your rental equipment? Yes No
 Provide the percentage: guided: _____ % unguided: _____ %
 Provide the Annual Guest days: guided: _____ unguided: _____

6. Total Annual Gross Receipts: \$ _____

	Last year	Estimated for This Year
Retail Sales	\$ _____	\$ _____
Rental Fees	\$ _____	\$ _____
Other (please describe):	\$ _____	\$ _____
Total	\$ _____	\$ _____

7. Do you operate any other type of business or any other type of outfitting/guiding operations? Yes No
 If yes, please provide details: _____

8. Do you have any sales of equipment or dealership operations? ***outline receipts above** Yes No
 If so, list types of equipment sold: _____

9. Please list all entities requiring additional insured certificates:

	Land Owner	Government Agency	Concessions, Contracts	Other (describe):
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment

10. Who is responsible for equipment maintenance? _____

11. How often is equipment checked and inspected? _____

12. Do you keep any maintenance records? Yes No

If yes, please describe: _____

13. Do your customers rent any of your non-motorized equipment? Yes No

If yes, List all rented equipment other than motorized units: _____

14. Check the applicable equipment and how many operated.

UNIT	# of Units	UNIT	#of Units
<input type="checkbox"/> 4 WD Vehicles		<input type="checkbox"/> Snowmobiles	
<input type="checkbox"/> ATV/UTV		<input type="checkbox"/> Snow Cat	
<input type="checkbox"/> Dirt bikes		<input type="checkbox"/> Motor Boats	
<input type="checkbox"/> Moped/Scooters		<input type="checkbox"/> Personal Watercrafts	
<input type="checkbox"/> Motorcycles		<input type="checkbox"/> Kayaks/Canoe	
<input type="checkbox"/> Motorhomes/RV		<input type="checkbox"/> Other:	

15. Attach Equipment Schedule **(Required)**

Employees

16. 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: _____

17. Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

18. What are the minimum requirements and certifications for being an employee with your company? _____

19. Describe required training for employees: _____

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

Risk Management

21. Please list first aid supplies and rescue equipment provided per rental. _____

22. What is the minimum and maximum age of participants? Operator: Min: _____ Max: _____
 Multiple Passenger Riders: Min: _____ Max: _____

23. Do you use any of the following? **Please enclose samples of all of the following that you use.**

	We currently utilize	We agree to develop and implement
Outline risks of renting equipment in all literature, marketing	<input type="checkbox"/>	<input type="checkbox"/>
System for collecting complete names/addresses of operators/passengers	<input type="checkbox"/>	<input type="checkbox"/>
Liability Release Form	<input type="checkbox"/>	<input type="checkbox"/>

24. Is there a suggested clothing or equipment list for your customers? Yes No
 If yes, please explain: _____

25. Please list any required clothing or equipment during the rental: _____

26. Do you conduct a pre-ride briefing or safety check? Yes No

27. Do you have a written pre-ride briefing or safety check? Yes No

If yes, please provide a copy

28. Do you provide or require any type of communication devices during the rental (2-way radio, cell phone, etc.)? Yes No

29. What requirements do you review to approve renters? _____

30. List reasons you would decline a person from renting: _____

31. Do you utilize video recording of signed waivers? Yes No

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 Applicant'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: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name