



ACTIVITY 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				\$
Hunting				\$
Shooting Range – Rifle or Pistol				\$
Hiking / Backpacking				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Lodging / Cabin Rentals				\$
Retail Store				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Road Cycling				\$
Boating				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Sea Kayak Tours /Rentals				\$
Waterskiing				\$
Whitewater Rafting				\$
SCUBA Diving				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
Snowshoeing				\$
ATV-guided				\$
ATV-unguided				\$
Snowmobiles-guided				\$
Snowmobiles-unguided				\$
Climbing Wall				\$
Rock Climbing				\$
Paintball				\$
Youth Camps or Programs				\$
Other, describe:				\$

OPERATIONS INFORMATION				
1.	Does the Applicant require guests to sign a liability waiver?		Yes	No
2.	Does the Applicant require guests to complete a health & physical fitness form?		Yes	No
3.	Does the Applicant have a brochure or web page?		Yes	No
4.	How many years have you been in business?	Years		
5.	If you are a new venture, how many years of prior experience?	Years		
6.	Are any operations conducted outside of the United States?		Yes	No
7.	Does the Applicant hire guides as sub-contractors?		Yes	No
	If yes, for what activities?			
	If yes, do you obtain proof of insurance?		Yes	No
8.	Is your business operational year round?		Yes	No
	If no, number of months you are operational:	Months		

GUIDE INFORMATION		
Name	Years Experience	First Aid Qualifications

**LODGING SECTION****N/A****Guest Quarters**

1. Total number of units for guest rental?
2. Number of RV spaces: Tent sites:
3. Maximum guest capacity is:
4. Do all cabins / units have smoke alarms? Yes No
5. Is there a CO alarm installed? Yes No
6. Does the Applicant have a swimming pool or swimming area? Yes No  
If yes, does the Applicant have a diving board? Yes No
7. 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

**RETAIL OPERATIONS****N/A**

1. Does the Applicant have retail operations for any of the following?  

General Store	Ski Equipment Sales	Fishing Equipment Sales
Liquor Store	Ski Equipment Rental	Fishing Equipment Rental
Gun Sales	Restaurant	
2. What are the Applicant's total annual gross sales from retail operations: \$

**HUNTING SECTION****N/A**

1. What is the maximum guide to guest ratio? Guides to Guests
2. What is the maximum number of hunters at any one time?
3. Does the Applicant operate drop camps? Yes No
4. Is livestock provided with drop camps? Yes No
5. What percentage of your hunting operations are unguided? %
6. What type of game is being hunted?  

Elk	Deer	Exotics	Bear	Turkey	Waterfowl
Upland Birds	Hogs	Other, describe:			
7. Are tree stands used? Yes No  
If yes, are safety harnesses required? Yes No
8. Does the Applicant use any of the following to transport hunters? If yes, how many?  
 ATVs:  
 Horses:  
 Snowmobiles:  
 Boats:  
 Other Unlicensed Vehicles:
9. If ATVs and/or Snowmobiles are used, are helmets required while riding? Yes No

**BICYCLE SECTION****N/A****Tour Information**

1. Maximum number of cyclists on a tour?
2. Maximum number of tours operating on the same day?
3. Number of guides on a tour?
4. Are helmets required? Yes No
5. What is the percentage of tours operated: Off Road % vs. On Roadways %
6. Does the Applicant pre-screen guests to determine ability prior to riding? Yes No
7. Do guides carry any communication device with them? (2-way radio, cell phone, etc.) Yes No  
If yes, what type?

**WATERCRAFT LIABILITY SECTION****N/A****Boat Schedule** *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

**WATERCRAFT GENERAL INFORMATION**

1. What type of operation does the Applicant 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

**CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION**

**N/A**

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		
Rafts		
Stand Up Paddle Boards		

1. What percent of the Applicant's 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 the Applicant will allow on a horse? years old
5. Does the Applicant offer the use of helmets? Yes      No
6. Does the Applicant ever allow double riding? Yes      No
7. What percentage of the Applicant's guests ride: Western Saddle: % vs. English Saddle: %
8. What percentage of the Applicant's horse operations are: Unguided: % vs. Guided: %
9. What is the maximum guide to guest ratio? Guides to      Guests
10. Does the Applicant operate pony rides? Yes      No  
 If yes:      Trail Ride      Riding Ring      Hand Led      Other (describe):

**GUEST & SAFETY INFORMATION**

1. Does the Applicant require guests to complete a physical fitness information form prior to riding? Yes      No
2. Does the Applicant pre-screen guest riders and determine ability prior to riding? Yes      No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) Yes      No
4. Does the Applicant conduct a pre-ride safety briefing with guests? Yes      No
5. Does the Applicant provide a written safety manual of procedures to all staff members? Yes      No  
***If yes, provide a copy.***
6. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):
7. Does the Applicant board horses for a fee? Yes      No  
 If yes, how many?
8. Does the Applicant teach or allow your guest to participate in:  
 Dressage                  Cattle Drives                  Inoculations                  Barrel Racing  
 Horse Jumping                  Team Penning                  Sleigh Rides                  Branding Cattle  
 Horse Racing                  Roping Cattle                  Hay Rides                  Handling Livestock  
 Buckboard / Buggy Rides
9. Are guests allowed to handle, rope or brand livestock? Yes      No
10. If the Applicant conducts cattle drives, what is the number of:  
 Wranglers to Riders:                  Maximum Duration:                  Maximum Distance:
11. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in:

**AUTOMOBILE**

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have a formal driving policy in place with MVR standards?   | Yes | No |
| If yes:   |     |    |
| a. Is driving policy communicated in writing to all employees?  | Yes | No |
| b. Is a signed acknowledgement form kept on file?   | Yes | No |
| If yes, please provide a copy of signed acknowledgement.  |     |    |
| c. Do driving standards include the following:  |     |    |
| i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter?                | Yes | No |
| ii. No more than 2 moving violations within past 3 years?   | Yes | No |
| iii. No more than 1 at fault accident within past 3 years?  | Yes | No |
| 2. How often does the Applicant check MVR reports?  |     |    |
| 3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driving training? | Yes | No |
| 4. Describe any ongoing training provided to drivers:   |     |    |
|   |     |    |
| 5. Does the Applicant have GPS tracking capability?   | Yes | No |
| 6. Does the Applicant allow employees to drive personal vehicles for company purposes?  | Yes | No |
| If yes:   |     |    |
| a. Are the driving policy and standards for these drivers the same as in questions 1-3?   | Yes | No |
| b. Does the Applicant require these employees to have adequate personal insurance limits?   | Yes | No |

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have knowledge of any incident which may lead to a claim? | Yes | No |
| If yes, please describe:  |     |    |

## WINTER WEATHER FREEZE-UP PROTECTION

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |    |   |      |    |     |
|----|---|------|----|-----|
| 1. | Fire Protection and Testing   |      |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
|    | i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
|    | ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
|    | iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
|    | 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
|    | iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
|    | v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. | Emergency Water Response (domestic and AS water lines)  |      |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. | Automatic Water Shutoff Devices   |      |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. | Unused/Vacant Spaces  |      |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. | Unheated Areas (attics, crawl spaces, exterior wall joists)   |      |    |     |
|    | a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
|    | i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. | General Comments:   |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

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**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

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NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No



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