

SKI RESORT APPLICATION

Description of Operations:

Please check all activities listed below that are conducted or anticipated and the estimated receipts. Please note that coverage for certain operations is not automatic and separate coverage may be necessary.

	Operations Not Conducted	Conducted & to be Insured	Conducted & Insured & Elsewhere	Conducted & Concessioned	Receipts
Winter Lift	_____	_____	_____	_____	_____
Non-Winter Lift	_____	_____	_____	_____	_____
Ski Shop	_____	_____	_____	_____	_____
Ski Rentals	_____	_____	_____	_____	_____
Ski School	_____	_____	_____	_____	_____
Snow Tubing/Snowplay	_____	_____	_____	_____	_____
Restaurant – Food & Beverage	_____	_____	_____	_____	_____
Restaurant – Liquor	_____	_____	_____	_____	_____
Hotel & Lodging	_____	_____	_____	_____	_____
Daycare/Nursery	_____	_____	_____	_____	_____
Cross Country/Nordic Skiing	_____	_____	_____	_____	_____
Helicopter/Guided Skiing	_____	_____	_____	_____	_____
Competitions/Ski	_____	_____	_____	_____	_____
Competitions/Non-Ski	_____	_____	_____	_____	_____
Golf Course	_____	_____	_____	_____	_____
Parking	_____	_____	_____	_____	_____
Real Estate Management	_____	_____	_____	_____	_____
Real Estate Sales	_____	_____	_____	_____	_____
Mountain Bike Riding/Rental	_____	_____	_____	_____	_____
Camps/Ski	_____	_____	_____	_____	_____
Camps/Non-Ski	_____	_____	_____	_____	_____
Ice Skating	_____	_____	_____	_____	_____
Skateboard Park	_____	_____	_____	_____	_____
Rock Climbing/Climbing Wall	_____	_____	_____	_____	_____
Watercraft, Rafting, Water Skiing	_____	_____	_____	_____	_____
Alpine Slide/Water Slide	_____	_____	_____	_____	_____
Bungee Jumping	_____	_____	_____	_____	_____
Hot Air Ballooning/Hang Gliding	_____	_____	_____	_____	_____
Amusement Park Devices	_____	_____	_____	_____	_____
Snowmobile/Other Vehicle Rental	_____	_____	_____	_____	_____
Watercraft Rental/Marina	_____	_____	_____	_____	_____
Horseback Riding/Saddle Animals	_____	_____	_____	_____	_____
Hunting/Shooting	_____	_____	_____	_____	_____
Concerts/Special Events	_____	_____	_____	_____	_____
Fireworks Displays	_____	_____	_____	_____	_____
Medical Facility	_____	_____	_____	_____	_____
Utility Operations	_____	_____	_____	_____	_____
Equipment Rental	_____	_____	_____	_____	_____
Lift Construction for Others	_____	_____	_____	_____	_____
Trampolines	_____	_____	_____	_____	_____
Skeet/TrapShooting/Paintball	_____	_____	_____	_____	_____

* For all operations Insured Elsewhere or Concessioned please provide copies of current Certificates of Insurance.*

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Description of Operations - Other:

For any operations not listed above, please indicate the operation as well as the estimated receipts. Please note that coverage for certain operations is not automatic and separate coverage may be necessary.

Operations	Conducted & to be Insured	Conducted & Insured Elsewhere	Conducted & Concessioned	Receipts
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe any other source of revenue operated by or at the resort: _____

Operations:

- Do you employ any medical professionals? Yes No
 If yes, in what capacity? _____
- Is there a Medical Clinic other than Ski Patrol Facility on the Named Insured Premises? Yes No
 If yes, attach a copy of the declarations page form Professional Liability Insurance.
- Number of Ski Patrol: Paid: _____ Volunteer: _____
- Do you provide night skiing? Yes No
- Do you have a terrain park? Yes No
 Is access controlled or gated? Yes No
 Are warning signs posted? Yes No
 Is a formal record keeping process in place? Yes No
- Do you allow inverted aerial maneuvers? Yes No
- Are you/have you been a developer of or contractor for residential real estate for sale? Yes No
 If yes, please describe: _____
- Do you provide sewage or waste water service for others? Yes No
 If yes, please describe: _____
- Are explosives used? Yes No
 If yes, are they stored in an approved structure, non-accessible to the public? Yes No
- Are ski rental operations conducted? Yes No
 If yes, what binding manufacturers? _____
- Do you keep an in-force indemnity program from each binding manufacturer for ski rentals? Yes No
- Do you have a golf course? Yes No
 If yes, are all chemicals that you use and apply approved? Yes No
- If concerts/special events are held, what is the projected attendance? _____
- Do you have owned aircraft or non-owned aircraft? Yes No
- Do you have an aircraft facility or helicopter landing facility? Yes No
 If yes, are you responsible for maintenance and/or insurance? Yes No

Liquor Liability Section:

- Name on Liquor License: _____ License Number: _____
- Do you engage in any off premises operations? Yes No
 If yes, describe: _____
 - Are facilities available for private affairs, banquets or receptions? Yes No
 - Do you have regularly scheduled entertainment? Yes No
 If yes, number of times per week/describe: _____
 - Are alcohol-serving employees required to complete formal alcohol training course? Yes No
 If yes, name of course? (ex: TIPS, TAM, BEST, etc.) _____
 - Within the last five years has the applicant been cited by the Liquor Control Commission? Yes No
 If yes, describe and advise date: _____

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Childcare Section:

- Do you have a daycare/childcare facility on premises? If Yes, please complete this section Yes No
 What is the maximum number of children in your daycare/nursery? _____
 Is the facility licensed or exempt? Licensed Exempt
 If Exempt, are State approved procedures followed closely? Yes No
 What is the ratio of employees to children? _____
 Do you do reference checks on all employees? Yes No
 Do you do criminal record checks on all employees? Yes No
 Do you do background checks on all employees? Yes No
 Who does checks? _____
 Do you have a sign-in/sign-out procedure? Yes No
 Do you have a release of liability form signed by all parents/guardians? Yes No
 Has the release form been reviewed and approved by Counsel? Yes No
 Do you provide any childcare in guests' rooms? Yes No

Hotel/Lodge Information:

- Is there a hotel and/or lodge on the Named Insured Premises? Yes No
 Number of buildings _____
 Number of stories per building _____
 Number of rooms per building _____
 Construction _____
 Are there fire detectors in each building? Yes No
 Are the buildings sprinklered? Yes No
 Are there at least two means of egress from each story? Yes No

Condominiums/Property Management Information:

- Are there condominiums and/or Property Management on the Named Insured Premises? Yes No
 Number of buildings _____
 Number of stories per building _____
 Number of rooms per building _____
 Construction _____
 Are there fire detectors in each building? Yes No
 Are the buildings sprinklered? Yes No
 Are there at least two means of egress from each story? Yes No

Lifts:

- When was the last lift inspection conducted? _____
 Who conducted the inspection? _____
 (Please provide a copy of the latest inspection report)

Lift Equipment Profile:

Item Number	Year Built	Make/Model/Type	Length	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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COMMERCIAL PROPERTY

Please submit a current Statement of Values including all buildings, contents, lifts, and equipment.

Expiring Property Insurance History:

Policy Period _____
Primary Limits _____
Retention/Deductible _____
Insurance Company _____
Policy Premium _____

Optional Limits/Coverages:

Coverage	Limits	Deductible:
<input type="checkbox"/> Flood	Occurrence/Aggregate	_____
<input type="checkbox"/> Earthquake	Occurrence/Aggregate	_____
<input type="checkbox"/> Boiler & Machinery	_____	_____
<input type="checkbox"/> Business Income w/Extra Expense	_____	_____
<input type="checkbox"/> Electronic Data Processing	_____	_____
<input type="checkbox"/> Property in Transit	_____	_____
<input type="checkbox"/> Crime	See Attached Application	_____
<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Property Protection:

Is your fire department: Public Volunteer
Distance from fire department: _____ Miles
Number of fire hydrants _____
Distance from base lodges _____
Do you have trained personnel immediately available in the event of a fire? Yes No
Is water available and accessible for use in the event of a building fire? Yes No
Describe water supply for sprinkler system and other fire protection such as ponds, water tanks, etc.

Is there automatic extinguishing system/fuel cutoffs over all cooking surfaces? Yes No
Are UL300 Certified chemical extinguishing systems used for all cooking surfaces? Yes No
Do you have a contractor regularly clean all hoods and ducts over cooking surfaces? Yes No
Do you have any of the following systems – Describe type and which buildings are affected:

	Type (Local, Central Station, Direct to Fire/Police)	Buildings
Burglar	_____	_____
Fire Detection	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Do you have watchmen/guards? Yes No
If yes, describe: _____

List any building improvements within the last five years (roofing, heating, electrical, plumbing): _____

Do you have a golf course? (If yes, please include equipment on Statement of Values) Yes No
Is Tee to Green coverage required? Yes No

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COMMERCIAL CRIME

Please select coverage desired and fully complete entire section.

Limits of Insurance:

Coverage A – Blanket Employee Dishonesty
Limit: _____
Deductible: _____
Total Number of Employees _____
Total Number of Locations _____
Are officer-shareholders active in the day to day operation of the business? Yes No
Do employees who reconcile the bank statements also:
 Make deposits? Yes No
 Make withdrawals? Yes No
 Sign checks? Yes No
Is a CPA involved in the applicant's financial reporting? Yes No
For new employees, are background checks that may include prior
 employment, criminal history or drug testing performed? Yes No
Are checks over \$1,000 countersigned? Yes No
Is there an audit by: CPA Public Accountant
 Staff Other: _____

Coverage B – Forgery or Alteration
Limit: _____
Deductible: _____

Coverage C – Theft, Disappearance & Destruction
Inside the Premises Limit: _____
Inside the Premises Deductible: _____
Outside the Premises Limit: _____
Outside the Premises Deductible: _____
Total Number of Locations: _____
Who makes the deposits? _____
How often are deposits made? _____
What is the maximum amount at any one location for:
 Money: _____ Negotiable Securities: _____
 Checks: _____ Credit Card Receipts: _____
Is there a safe? Yes No

Coverage D – Money Orders & Counterfeit Paper Currency
Limit: _____
Deductible: _____

Coverage E – Computer Fraud and Funds Transfer Fraud
Limit: _____
Deductible: _____

Loss Experience:

Date of Loss	Total Amount of Loss	Description of Loss & Corrective Action
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKI RESORT APPLICATION

Please attach the following information as part of this application:

- For All Lines:
 - Insurer provided currently valued loss runs for each coverage for the last five years
- For Property:
 - Current Statement of Values including all buildings, contents, lifts, and equipment. Must include all required information per attached sample Statement of Values
 - Current Plot Plan including distances between buildings
 - Mortgagee and Loss Payee Schedules including interests of each
 - Completed/signed Business Income Worksheet
- For General Liability
 - Schedule of special events
 - Releases for all operations utilized, such as season pass, day care, etc.
 - Financial Statements
 - Brochures, trail maps
 - Additional Insured Schedules including interest of each

** Please note that Directors & Officers, Employment Practices Liability, and other specialty coverages require special applications. Please let us know if you need any of these applications.

Signature/Title: _____

Date: _____