

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				\$
Water Skiing				\$
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 has the Applicant been in business?	Years	
5.	If the Applicant is a new venture, how many years of prior experience?	Years	
6.	Does the Applicant conduct any controlled/ prescribed burn operations on premises (including burns done by subcontractors)?	Yes	No
7.	Are any operations conducted outside of the United States?	Yes	No
8.	Does the Applicant hire guides as subcontractors? If yes, for what activities? If yes, does the Applicant obtain proof of insurance?	Yes	No
9.	Is the Applicant's business operational year round? If no, number of months the Applicant is operational?	Yes	No
		Months	

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. Maximum distance from shore (bay/ inlet/ ocean):
5. Are life vests (PFD's) required? Yes No
6. 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		

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 the Applicant 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 their guests 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:
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11. If the Applicant's ranch conducts a Rodeo/Gymkana, describe what activities the Applicant's guests may participate in:

LOSS HISTORY

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

1. Do you have knowledge of any incident which may lead to a claim? Yes No
If yes, please describe:

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

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|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | 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 |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | 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 |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker: | Yes | No | N/A |
| | Regular walkthroughs of the building | | | |
| | i. How often each day? | | | |
| | Trained in the location(s) of water shut off valve(s) | | | |
| | Inspects taps and leaves them dripping in freeze weather events | | | |
| | Shuts off or drains pipes during freezing temperatures | | | |
| | Monitors building temperatures ensuring heat is maintained at required levels | | | |
| | Responds to power outages | | | |
| | i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |



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

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their 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.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, 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)