

Recreational Equipment Liability Application

Named Insured _____ Date: _____

From of Business Corporation Partnership Sole Proprietor Other

Mailing Address _____

Phone Number _____

Website _____

Location Address _____

Any off-premise rentals? Yes No

If yes, please describe _____

Desired effective date: _____ Years in business _____ Years in experience _____

Type and age of equipment _____

How often is equipment inspected? _____

Are all employees certified in Look/Solomon/Tyroliia? Yes No

If no, why not? _____

Other certifications _____

Is a waiver/release of liability used? Yes No

It is a condition of coverage that a copy of waiver/release form be submitted with this application. No coverage will be provided unless this condition is met.

Do you provide guided activities or instruction? Yes No

Gross Annual Receipts			
Ski Rentals	\$	Cross-Country Rental Receipts	\$
Snowboard Rentals	\$	Bike Rentals	\$
Equipment Sales or Repair Receipts	\$	Bike Repair	\$
Skate Rental	\$	Jet Ski Rental	\$

Limit Applied for: _____

Do you have a general liability policy on this location? Yes No

If yes, who is the carrier? _____

Recreational Activities Application

Is this application to include coverage for all premises/operations?

Yes No

If so, submit an Accord Application.

Provide details of any incurred losses the past three years. _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ Date _____

Agency/Producer Name _____ Date _____