



Destination Resorts

Comprehensive Profile

The ResortGuardsm Questionnaire contains separate pages for various exposures and activities commonly found at Destination Resorts. Please complete the pages that apply.

Account Characteristics

Account Name:

Web Site Address:

E-mail Address:

Type of Management (check one):

- On Site General Manager
- Off Site / Management Firm
- Developer Managed
- Other:

Contacts for Loss Control Inspection

Location	State	Contact Name	Phone

Demographic Characteristics

Type of Terrain

High Frequency Risk Zones

✓ Check one

- Forest
- Open Grassland
- Desert
- Urban
- Within Incorporated City/Township

- Hurricane / Wind
- Flood - Zone
- Forest Fire
- Earthquake – Zone
- Volcano

Total Number of Rooms:

Number of Floors/Stories:

Number of Elevators:

Physical Characteristics

Total Acres: acres

Total Square Footage of Hotel: sq ft

Lakes and Rivers:

Number of Lakes / Reservoirs:

If swimming is allowed in lakes and / or reservoirs, complete aquatic supplement

Number of Dams:

If there are dams comment on the downstream exposure and attach dam inspector's report with any recommendations / compliance

Pathways:

Walking / Jogging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bicycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List:

Property Information

Fully Sprinkled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partial Sprinkled (Common Areas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard Wired Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Battery Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stand Pipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Property Located Within a Fire Protection District	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the public protection class?		
Distance To Nearest Fire Station	Miles	
Distance To Closest Hydrant	Feet	
Water Supply:		
Municipal Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Well	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lake/River	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For locations in protection class 8 or 9 please describe fire suppression plan:		

Safety Program

Is there a position that oversees a safety program for the operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the safety program include the following:		
Evacuation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Response Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Inspection Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Subcontractor / Concessionaire Controls

Is there a subcontractor control policy in place for selecting and managing subcontracted operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors required to carry Commercial General Liability coverage at limits of liability to pay potential claims expected from work performed? (minimum limits should \$1,000,000)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the resort named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and / or completed work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are records maintained that allow identification of subcontractors used on each project or activity to ensure the ability to identify the sub if a loss occurs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Program Special Risks

Please complete applicable questionnaire for each operation checked below:

Aquatics (swimming pools / beaches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Slides / Water parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fitness Center / Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security / Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Restaurant / Liquor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Golf Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Auto/Garage Keepers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tennis Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Watercraft / Marina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Day Care / Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Concerts / Fairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ice Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snow Sledding / Tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snowmobile Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
X-C Skiing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Guided Backpacking / Hiking Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Shooting Ranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inline Skating / Skateboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Campground	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Center / Club House	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Downhill Skiing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete MountainGuard Application
Other:	(please list and complete generic form)		

Aquatics Pools & Beaches

Type: Pool Beach

When is the Pool / Beach open: Year Round Seasonal

Open to: Guests Only Guests & General Public
 Is pool Indoors Outdoors

List names of pools / swimming areas and capacities for each:

Name of Pool / Swimming Area	Capacity (max number of people)

Pools

Is the pool area fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what height is the fence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are gates equipped with self closing latches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pool regulations prominently displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is life saving equipment in place for each pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the pool area have lighting both in and around the pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do indoor pools have surveillance cameras or regular security checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are depth markings in feet marked above the waterline on the pool wall and on top of the coping or edge of the deck next to the pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is all electrical equipment around or in the pool properly grounded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an ongoing inspection and maintenance program for pool areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there diving boards in place?		
If yes, how high are they off the pool deck (in feet)?		
Is there a water quality program in place in accordance with ANSI/NSPI-1 1991 standard?		
Are there documented chemical handling and storage procedures in place?		
Is there a snack bar at the pool?		
Is alcohol served?		

Lakes & Ocean Beaches

Is access controlled for owners and guests only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there designated swimming areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are beach areas on nightly maintenance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is swimming at night allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is lighting and safety signage provided for beach and swimming area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the beach frontage exceed 100 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When the water is calm is possible to see the bottom at the depth of 10ft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Swimmer Safety

Is there a written pool / beach safety program with emergency procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any age limitations or physical limitations restricting use of pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are life guards on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who provides the training and certification?		
Are swimming lessons provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes who is providing the lessons?		
Is there a swim team program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Waterslide / Water Parks

Location of Operation:		
Receipts generated:		
Is this operation concessioned?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*attach Certificate of Insurance		
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are releases signed by all participants?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*attach copy		
Are there Operations and Maintenance Manuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program Manual (including experience and age requirements?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What experience does person in charge of operation have?		

Is there more than one slide path?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Length and slope of slide:		
Type of slide including materials used in constructing:		
Age of slide:		
If slide is elevated what types of support structures are used?		
Who is the designer/manufacturer?		
Are mats/tubes or other devices used by riders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the maximum depth of the pool?		
What is the maximum capacity of slide and pool at any one time?		
Are pool depths clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of filtration is used for water?		
What instructions and warning signs are posted?		
Are there any provisions for handicapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any age limitations or other physical limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there life guards or slide supervisors controlling the use of the slide and keeping people at a proper interval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are life guards certified with special training for water slide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is providing the certification / safety training?		
List any additional water park features with capacity (e.g. wavepools, lazy rivers, play zones, etc.)		

Fitness Center / Spa

Name of Facility:			
Location of Facility:			
Facility open to	<input type="checkbox"/> Owners Only	<input type="checkbox"/> Owners & Guests	<input type="checkbox"/> General Public
Are releases signed by guests	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, please attach copy)	
Is personnel	<input type="checkbox"/> Employed by Facility	<input type="checkbox"/> Independent Contractors	
If independent contractors – are they required to provide proof of insurance			<input type="checkbox"/> Yes <input type="checkbox"/> No

What instruction services are available?	
Personal Trainers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aerobic Classes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight Training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition Counseling:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

Are staff members required to know CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a:	<input type="checkbox"/> Pool	<input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Other:
Is there an employee on duty during use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are warnings posted for use of this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is instruction posted concerning proper use of equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a free weight room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are tanning machines provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are warnings posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are guests allowed to operate machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any special events conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes explain:		

Spa

List what spa treatment are offered or attached menu (e.g. deep tissue massage, hot rock massage, acupuncture, holistic healing, etc)	
What are the annual receipts for spa treatments?	
Are spa services concessioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the spa sell any private label products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the total receipts for spa products?	

Security

Does property have an entry gate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 24 hour operation	<input type="checkbox"/> Guarded	<input type="checkbox"/> Card or Electronic Access	<input type="checkbox"/> Vehicle Registration
Are security personnel employees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No*		
*if NO, answer the following questions						
Is security a subcontracted operation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are certificates of Insurance required / kept on file?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What limits are required?						

Employee Security Personnel	Number		
	Full Time	Part Time	Annual payroll
Entry Guard/Host			
Dispatch			
Armed Personnel			
Unarmed Personnel			

Subcontracted Security Personnel	Number		
	Full Time	Part Time	Annual payroll
Entry Guard/Host			
Dispatch			
Armed Personnel			
Unarmed Personnel			

What services are provided? (check all applicable)			
<input type="checkbox"/> Alarm Monitoring	<input type="checkbox"/> Property Patrol	<input type="checkbox"/> Handling / Transporting Cash Receipts	
Does security have arrest authority?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does security use (check all applicable)			
<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Nightsticks	<input type="checkbox"/> Mace / Chemicals	<input type="checkbox"/> Large cell flashlights
Are guard dogs used?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a written policy and procedures manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which of the following are included in the hiring process*		
<input type="checkbox"/> Written Examination		
<input type="checkbox"/> Background & Reference Checks	<input type="checkbox"/> Certified Physical Exam	
<input type="checkbox"/> Psychological Exam	<input type="checkbox"/> Other: (provide details)	
*All security employees must have prior law enforcement background		

What is the annual security budget?

Restaurant & Liquor

Please Complete a Separate Form for Each Restaurant / Bar

Name of Restaurant:
Location:
Number of Years in Operation:

Operation Managed Hotel Yes No Subcontracted
Facility Open to: Guests Only Guests & General Public

Liquor Operations Yes No
Banquet Facilities Yes No
Catering Yes No
Valet Parking Yes No
Facilities Rented Out Yes No

Seating Capacity	Restaurant:	Bar / Lounge:
Receipts	Restaurant:	Bar / Lounge:

Fire Protection

Automatic Sprinkler Yes No
Smoke / Fire Alarms Yes No
Alarms Monitored Yes No

Kitchen

Auto Fuel shut off in place Yes No
Ducts cleaned regularly Yes No
Refrigerators are Temperature Monitored Yes No
Hood Fire Suppression System Installed Yes No
Fire Extinguishers on premises Yes No

Bar / Lounge

Name of Facility:
Hours of Operation:
Capacity:

Has Liquor Licenses been suspended in last 5 years Yes No

If yes, please explain:

Are Bartenders and Waiters / Waitresses trained for identification and hard lines of intoxicated customers (TIPS) Yes No

Is a car service provided for those unable to drive? Yes No

Golf Course

Type of Course: Championship/Tournament Executive

Number of Holes: 9 18 36 Other

Groundskeeping

Are all employees who apply pesticides and other herbicides licensed by the State? Yes No

Is the course sprayed when not in use? Yes No

Are signs posted when spraying has been done? Yes No

Are the chemicals stored: Locked and secured area Above water table

Is there a leak /spill containment plan: Yes No

Are any "restricted use" chemicals used? Yes No
Are they properly marked? Yes No

Are Material Safety Damage Sheets used? Yes No

Are labels on all chemical containers? Yes No

Is there an eye wash facility or shower available for emergencies? Yes No

Are their underground chemical storage tanks? Yes No

If yes, do tanks meet current EPA tank standards Yes No

How close is the storage and mixing areas to groundwater supplies, lakes, ponds or rivers that could receive runoff from a spill or leak: 100'-less 100'-500' 500'-1000' 1000'-1/2mi.
 1/2mi.-1mi. Over 1mi.

Have any clean-up orders been received? Yes No
If yes, please describe:

Golf Cart Storage

Type of Building:

Are carts stored in locked buildings? Yes No
Grounding of electrical cart charging equipment Yes No
Adequate ventilation in recharging area Yes No

Do Golf carts meet safety requirements established by American National Safety Institute regarding design and operation of carts (ANSI 1Z130, 1-1979) Yes No

Quality and maintenance of carts: Excellent Good Adequate Needs Improvement

Automotive / Garage Keepers

Motor Vehicles

- | | | |
|--|------------------------------|-----------------------------|
| MVR checks on all employees who drive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do Employees driving heavy trucks receive any special training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Vehicles used only on local roadways? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a post accident investigation policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you perform random and post accident drug/alcohol testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe vehicle maintenance program including frequency of service: | | |
| What is the average mileage per year per vehicle? | | |
| Do you require MVRs on all prospective drivers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe your disqualification criteria | | |
| Do you require a written test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require a road test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require Pre-employment physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require Drug Screening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you pull MVRs on all drivers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often? | | |
| What action is taken when a poor record is discovered? | | |

Parking Garages & Valet Parking

Parking:

Is parking located (list number of spaces within each parking structure)

- | | |
|----------------------------|--------------------------|
| Below Ground/Basement | <input type="checkbox"/> |
| Attached Parking Structure | <input type="checkbox"/> |
| Detached Parking Structure | <input type="checkbox"/> |
| Outdoor Parking Lot | <input type="checkbox"/> |
| Other: | |

- | | | |
|---|------------------------------|-----------------------------|
| Is Valet Parking provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a "walk around" inspection completed prior to parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How are keys controlled? | | |

- | | | |
|---------------------|------------------------------|-----------------------------|
| Is Garage Sprinkled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------|------------------------------|-----------------------------|

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Is there a charge or fee for parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Annual parking revenue: \$ | | |

Are wagon / sleigh rides offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete the following section		

Sleigh Rides / Carriage Rides

Name of Insured/Area:		
Address:		
Date(s) of Activities:		
Location(s) of Operation:		
Months of Operation:		
Receipts generated: \$		
Is a Release signed by participants (attach copy):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is conducting this activity: If consessioned: Are certificates of insurance required? What liability insurance limits is required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What experience does person in charge of operation have?		
Furnish 5 years loss history if any:		

Are the vehicles horse drawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who owns the horses?		
Are the horses being kept on premises? Where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who owns the vehicles?		
Do the vehicles have hydraulic or mechanical brakes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do hay wagons have controlled access and egress ways?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do hay wagons have sideboards at least 2 feet above the seating level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number and capacity of sleighs/wagons/carriages:		
Are maintenance and periodic inspection records kept for each vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a "Helper" required for all animal drawn wagons with 6 or more passengers or vehicle drawn wagons with 12 or more passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require an outrider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the ages and experience of the drivers:		
Are there any dusk or night rides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are lights required on the front and back of wagon and reflectors on the horses' tack saddle or neck yolk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Tennis Courts

Number of Tennis Courts:

Are Courts open year round?

Yes

No

Does Insured sponsor Tournaments?

Yes

No

Does Insured provide Tennis Instruction

Yes

No

If Yes:

In-House

Sub- Contracted

Gross Annual Receipts from Lessons \$

Is there a Pro Shop

Yes

No

Gross Annual Receipts \$

Are there outdoor paddle tennis courts?

Yes

No

Are they heated in the winter?

Yes

No

What type of heating system is used?

Watercraft / Marina

Name of Insured/Area:		
Address:		
Date(s) of Event:		
Location(s) of operation:		
Receipts generated:		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attached certificate of insurance for the concessionaire		
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases required for: (attach copies of releases)	<input type="checkbox"/> Rentals	<input type="checkbox"/> Boat Storage

Does the operation rent boats and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number and type of boats rented (size, HP)		
Does operation store boats for other owners: Incl. in season, wet storage, moorings, docks and clips and out of season storage, dry (stack or trailers):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe:		
Number of rental slips available:		
Total annual receipts for slip rentals		

Does operation provide mechanic for repair and maintenance work on boats of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does operation provide and sell fuel (gasoline & oil)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gallons of gas sold per year:		
Are fire safety procedures followed at the gas dock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What age requirements are there for boat rentals?		
Are safety and floatation devices provided with each rental:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are life vests mandatory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are maintenance records kept for each boat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employee training records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are the facilities inspected by federal or state authorities (i.e. Coast Guard, State Fire Marshall, State Boating Authorities):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List:		

Do you provide excursion boats operated by employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If operation is on a lake or river and swimming is allowed, is there a life-guard on duty at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Day Care Center / Nursery

Name of Insured/Area:		
Address:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attached certificate of insurance for the concessionaire		
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are parental consent forms required (attach copy of release)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there Sign In, Sign Out procedures for the children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the center/nursery licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center meet at state requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many children can the center take care of?		
What are the ages of the children?		
What is the ratio of children to employees?		
Are meals provided by the center?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
* If yes, are children with known food allergies protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the professional qualifications and requirements of the director and staff?		
Are there reference and criminal background checks on personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What proportion of the staff are volunteers?		
Are employees trained in first aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there formal incident reporting and investigation procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are safety inspections conducted on a routine basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are medicines dispensed to children? If so, by whom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are fire drills conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center have a pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a playground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center conduct field trips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center comply with board of health and building codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are transportation services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there in-unit baby sitting offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it provided by employees of the day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
If No, please describe who is doing it and how they are screened and referred:		

Concerts

Admissions over 5,000

Admissions under 5,000

Name of Insured/Area:		
Address:		
Date(s) of Event:		
Number of Admissions:		
Receipts Generated:		
Is liquor being served or allowed on premises? (if yes, what controls are in place):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the concerts indoors or outdoors? (if indoors, is the building capacity of persons posted & enforced):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What are the seating arrangements (i.e. bleachers etc)? (if bleachers, include age, manufacturer, permanent or portable, rated capacity, etc.):	
<input type="checkbox"/> Reserved Seating:	<input type="checkbox"/> General Admission:
Price of Seating: Reserved \$	General Admission \$
Is there any type of staging being set up? Is the staging permanent or temporary?	
What Crowd Controls and Security Procedures are set up?	

Is there more than one exit from the parking lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Security Personnel present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No How Many:
Municipal or Private:	(if private – obtain Certificate)	

IF ADMISSIONS ARE OVER 10,000 - A SEPARATE SPECIAL EVENTS APPLICATION MUST BE COMPLETED AND SUBMITTED FOR SPECIAL COVERAGE.

Ice Skating

Name of Insured/Area:		
Address:		
Location of Operation:		
Receipts generated:\$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach Certificate of Insurance)
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are releases signed by all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach copy of release)
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What experience does person in charge of operation have?		

What is the capacity of the rink?		
How is dangerous and reckless behavior controlled?		
Is the rink	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors
If outdoors, is this a	<input type="checkbox"/> Refrigerated rink	<input type="checkbox"/> Lake <input type="checkbox"/> Pond
If a lake or pond, how is the ice thickness tested?		
Does the rink include a retail/rental shop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If an outdoor rink, how are skaters kept off inadequately frozen ice?		
Are maintenance records kept for the rink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are maintenance records kept for rentals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the ice cleared and resurfaced?		
Are records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How is the ice resurfaced?		
Are there any First Aid requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the rink rented out to private groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there lockers available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the ratio of skate guards to skaters?		
Is ice hockey allowed on the rink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are release of liability forms signed?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*please provide a copy		

For Indoor Rinks

Are there leak detection controls for refrigerants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there indoor air quality testing and monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an emergency shut down and evacuation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Snow Sledding

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is insured named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Is sledding/tubing activity conducted in separate area from skiing activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On which slope(s) is sledding/tubing being conducted (include marked trail map)?		

What is the gradient and length of slope?		
What is the outrun of slope?		
What type of sleds/tubes are allowed?		
Are sleds/tubes rented from area or brought in by participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any lifts or tows involved in uphill transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What controls are in place for this activity?		

Snowmobile Tours

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*attach Certificate of Insurance		
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*attach copy of release		
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		
What type of First Aid and rescue procedures are set up?		

What types of snowmobiles are used?		
Age of machines:		
Are Maintenance records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are snowmobilers accompanied by a guide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the guide have two-way radio contact with base?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the Motor Vehicles Records been checked for all guides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of riders per group:	Ratio of riders to guide:	
Length of tour:		
Age limitations, other physical limitations?		
Are helmets and goggles provided/required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other special safety equipment and clothing requirements:		
Is special clothing provided or rented with machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of grooming and how often are the trails groomed?		
Do trails have proper signage per U.S. Forest Service and Snowmobile Associations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are double riders allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it on machine designed for two-up riding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of training and instructions are given to each rider?		
How far out of the base area are the riders allowed to go on trails (miles)?		

X-C Skiing Operations

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		
Are there designated trails for cross-country skiing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trail maps available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is night skiing provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the designated trails cross over onto other than ski area land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any ski lifts used in this operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are ski rentals provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are lessons provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trails properly signed and marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any jumps in cross country trails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any Avalanche areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Avalanche area in or out of ski area boundaries?	<input type="checkbox"/> In	<input type="checkbox"/> Out
If in, what controls are in place?		
Are guided tours provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people per tour?		
How far and how long is the tour?		
How many guides per tour?		
Is guide trained in first aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What rescue and safety procedures are in place?		
Are overnight tours provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Hut-to-Hut tours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow Telemarking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Nordic ski patrol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patrol do trail sweeps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Guided Backpacking / Hiking Tours

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Are there designated trails for hiking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trail maps available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any lifts used in this operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are trails properly signed and marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are guided tours provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people per tour?		
How far and how long is the tour?		
How many guides per tour?		
Is guide trained in first aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What rescue and safety procedures are in place?		
Are overnight tours provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is hiking allowed during winter months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is hiking conducted in Avalanche areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Avalanche are in or out of ski area boundaries?	<input type="checkbox"/> In	<input type="checkbox"/> Out
If in, what controls are in place?		

Shooting Ranges

Name of Insured/Area:		
Address:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Type of Shooting	<input type="checkbox"/> Archery	<input type="checkbox"/> Pistol & Rifle	<input type="checkbox"/> Skeet	<input type="checkbox"/> Other
The range is	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor		
Is the range designed to industry recommendations (e.g. NRA, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How is the area behind targets secured to block entrance into firing line?				
What controls are in place to prevent participant from entering line of fire?				
Is there an age restriction for entering the range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What is used for a backstop behind targets?				
Does any shooting take place over water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there a lead control and management program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What type of shot is allowed (lead, steel, etc)?				
Who provides the shooting equipment?				
For loaned equipment is it inspected prior to each use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many participants shoot at one time?				
Is the area closed when not supervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How?				

In-Line Skating / Skateboarding Operations

Name of Insured/Area:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Where is skating allowed?		
Are trail maps available to mark designated trails / areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are lessons provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What controls are in place for this operation?		

Is equipment rented to the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is equipment owned or leased by area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are equipment and supplies sold by area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What maintenance requirements are there for rental equipment?		
Are repairs to equipment done at area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are skates inspected before and after use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are helmets required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What other protective equipment is provided?		
Are races, trips or tours sponsored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What controls are in place?		

Is there a skateboard park operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the hours of operations?		
Are ramps and features designed to industry standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the park monitored or supervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How is the park secured when closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Campgrounds

Name of Insured/Area:		
Address:		
Date(s) of Activity:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Number of Campsites:		
Are electrical, water and/or sewer hookups available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Sanitary facilities are available?		
What is the source of potable water?		
Who is responsible for purification?		
Is there a first aid facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What recreational facilities and activities are available?		
What equipment rentals are available?		

Is there a pool, beach or lake?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a lifeguard on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is responsible for water purification, testing and maintaining of filter and chemical equipment?		

Is there a playground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there proper supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What fire prevention rules does the campground enforce?		
Are campers made aware of them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What controls are employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are propane tanks filled or serviced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what controls are in place?		

Community Center / Club House

Type of Membership Owners Only Others

Number of Members:

Are Facilities Open to the Public Yes No

Sprinkled Yes No

Smoke / Fire Alarms Yes No

Alarm Monitored Yes No

Is there a regular inspection and maintenance program to identify and correct hazards?

Yes No

Facility Includes:

Restaurant Yes No

Snack Bar Yes No

Bar Yes No

Retail Sales Yes No

Dance Floor Yes No

Meeting / Conference Room(s) Yes No

Amenities Provided:

Recreation / Game Rooms Yes No

Pool / Billiards Yes No

Arts and Crafts Yes No

Library Yes No

Lockers / Locker Room Yes No

Sauna Yes No

Steam Room Yes No

Hot Tub / Jacuzzi Yes No

Fitness Center Yes No

Private Functions

Is there rental / loan space available for private functions?

Yes No

Are applications / contracts required for groups who want to rent the space for a private function?

Yes No

Are applications reviewed to ensure no prohibited activities are planned?

Yes No

Is the space inspected for safety hazards prior to the function?

Yes No

Is the rental party required to provide certificates of insurance for any concessioned activity hired for the function?

Yes No

Other Activities

Name of Insured/Area:
Address:
Date(s) of Activity:
Description of Activity:
Location of Operation:
Receipts generated:

Is this a concessioned operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Attach copy of Certificate of Insurance)		
Is Area named as an Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish five (5) year loss information, if any:		
Are releases signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach copy)
Operation Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (incl. experience & age requirements):		

What is the experience of the person in charge of the operation?

Type of equipment to be used:
Age of equipment:

Any provisions for handicapped? Yes No

Age limitations, other physical limitations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance records kept:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special safety equipment required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain:

Are any special permits required from local authorities? Yes No

List:

SUMMARY

**All submissions require a completed and signed supplemental application / questionnaire.
Prior to consideration by underwriting signatures must be obtained from a company
representative.**

X _____

Date __ / __ / __

Signature