



Applicant Name:

Address: City: State: Zip:

Phone Number: Applicant's Email:

Applicant's Website (or attach copy of brochure):

Please provide the following:

A copy of any waivers required to be signed by guests and pictures of the building(s) if they are 30 years or older.

1. **Business Entity:** ☐ Non-profit ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Other
2. **Does someone reside on the premises year round (ie. owner or caretaker)?** ☐ Yes ☐ No
If no, does someone check on the property? ☐ Yes ☐ No
How often?
3. **What is the total acreage of your land?**
4. **Are all buildings and cabins equipped with smoke detectors?** ☐ Yes ☐ No
5. **Are all buildings and cabins equipped with CO2 detectors?** ☐ Yes ☐ No
6. **Do any buildings have wood burning fireplaces?** ☐ Yes ☐ No
If yes, how many?
Please specify by building number on application.
7. **Do you store gasoline or any fuel on your premises?** ☐ Yes ☐ No
If yes, what is the total volume that can be stored? gallons
8. **Who is your current insurance carrier?**
What is your current annual premium? \$

Activity Checklist

Mark all that apply and include any sales associated with the activity.

UNITS	SALES
☐ Camp Sites	\$
☐ RV Sites	\$
☐ Cabins	\$
☐ Restaurant	\$
☐ Snack Bar	\$
☐ Bar / Tavern	\$
☐ Gasoline	\$
☐ Bounce / Jump House	\$
☐ Jumping Pillow	\$

UNITS	SALES
☐ Playground	\$
☐ Ropes Course	\$
☐ Swimming Pool / Beach <i>(please complete swimming section)</i>	\$
☐ Boat / Canoe Rental	\$
☐ Bicycle Rental	\$
☐ Horseback Riding <i>(please complete equine supplemental)</i>	\$
☐ Fishing (guided or unguided)	\$
☐ Hunting (guided or unguided)	\$
☐ Shooting / Archery Range	\$
☐ Other	\$

The following activities are not eligible for coverage under our program. Please consult your underwriter if any of the following activities are present:

Go Karts Water Skiing ATV Rental
 Snowmobile Rental Jet Skis
 Downhill Skiing or Snowboarding
 Boats with motors over 26 horse power

Liability

1. Do you have cooking facilities? ☐ Yes ☐ No

For property insurance, we require all cooking surfaces to be covered by a UL300 extinguishing system. Is such a system in place? ☐ Yes ☐ No

How often are filters/hoods cleaned?

By whom?

For property insurance, we require that the system have a quarterly or semi-annual cleaning and servicing contract. Are contracts in place? ☐ Yes ☐ No *Please provide copy of contract.*

Is there a Class K fire extinguisher in the kitchen? ☐ Yes ☐ No

2. Do you have live music and/or a DJ? ☐ Yes ☐ No

If yes, do you have a dance floor? ☐ Yes ☐ No

What is the size of the dance floor?

3. Do you rent out any portion of the premises? ☐ Yes ☐ No

If yes, what is the square footage?

4. Do you host any special events? ☐ Yes ☐ No

If yes, please describe or attach a separate event schedule:

How many events per year?

Swimming ☐ N/A

If you allow swimming, please complete the following section.

1. Please list how many of each: Pools: Lakes: Other:

2. Is there a lifeguard on duty? ☐ Yes ☐ No

If no, do you have a "swim at your own risk" sign posted? ☐ Yes ☐ No

3. Do you have any docks or piers? ☐ Yes ☐ No

If yes, do you have "no diving" signs posted? ☐ Yes ☐ No

4. Do you have any diving boards? ☐ Yes ☐ No

If yes, please describe:

5. Are swimming rules posted? ☐ Yes ☐ No

6. Are swimming areas fenced? ☐ Yes ☐ No

7. Do you have any water slides? ☐ Yes ☐ No

If yes, please list height and length: Height: ft. Length: ft.

8. Are any of your employees trained in first aid and CPR? ☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com