



Applicant Name:

Mailing Address: City: State: Zip:

Phone Number: Contact's Email:

Applicant's Website:

1. How long have you been in operation?

If a new venue, please describe your prior experience:

2. Describe your operations including completed list of activities (attach a flier if available):

What type of boats and other floating devices available for rental?

☐ Canoes ☐ Row Boats ☐ Rafts ☐ Tubes ☐ Paddle Boats ☐ Other:

Any motorboats rental? ☐ Yes ☐ No

If yes, please provide HP of the motor:

What are the total sales from the watercraft rental?

What are the total receipts from sale of food and other sporting equipment?

Any on premises sale of alcohol (*not eligible*)? ☐ Yes ☐ No

If yes, please explain:

3. Is the "State Recreation Law" posted? ☐ Yes ☐ No *If yes, please attach a photo*

Are applicable governmental regulations followed? ☐ Yes ☐ No

4. Is the rental agreement signed by the patrons? ☐ Yes ☐ No

Does the rental agreement have a "Hold Harmless" clause in it? ☐ Yes ☐ No

5. What is the insured's policy in regards to the following:

Do you require the parents or guardians of minors to sign an injury waiver? ☐ Yes ☐ No *Please provide a copy*

Alcoholic beverages and their consumption during the trip? ☐ Yes ☐ No

6. What body of water will be used?

What are the ratings of the rapids on the part of river to be used by renters?
(White water Rapids level IV or higher not eligible for our program)

Are life jackets required? ☐ Yes ☐ No

Are safety instructions given? ☐ Yes ☐ No

What means of transportation are used to bring patrons to and from water landings?
(Self- Transportations by the patrons/off premises rental not eligible)

7. Does the insured follow a comprehensive maintenance schedule for the vehicle and the watercraft? (Canoes, kayaks, tubes)? ☐ Yes ☐ No

Where are the canoes/tubes stored when they are not in use?

Where are the canoes/tubes stored during the off season?

Commercial Auto Liability

Please complete, along with Commercial Auto Part of the Acord Application, if insurance coverage is needed for any vehicles titled in the business name.

1. What is the farthest distance traveled (one way)?
2. Does the applicant check the MVR's of all eligible drivers? ☐ Yes ☐ No
3. Do any of the employees, owners, or officers drive personally owned automobiles/other vehicles in the course of their work? ☐ Yes ☐ No
4. Do you verify they have liability coverage? ☐ 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
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 9706 4th Ave NE, Suite 200 Seattle, WA 98115
www.wnins.com

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 Anchorage AK 99503
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 2425 E. Grand River Avenue, Lansing, MI 48912
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