

Coastal Plains Outdoors
 15 Bow Circle Suite 100, HHI SC 29928
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RESORT & LODGE APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Website: www.

Business Form: Corporation Partnership Individual LLC Other:

Effective Date:

Limit of Liability requested: \$ 300,000 Occurrence
 \$ 500,000 Occurrence
 \$ 1,000,000 Occurrence

1. Do you operate any other businesses from this location? Yes No
 (List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity:

Corporation Partnership Individual LLC Other:

Description of Other Business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

PROPERTY SECTION	N/A
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Premises Information

- | | | |
|---|-----|--------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? | Yes | No |
| 2. What is the Fire Protection Class of your location? | | |
| 3. Distance to fire station? | | Miles |
| 4. Is the responding fire department staffed or volunteer? | | |
| 5. Distant to fire hydrant? | | Feet |
| 6. Are there other fire control water sources available?
Pool Pond/Lake Water Tank Other: | | |
| 7. Is your location prone to grass fires and/or forest fires? | Yes | No |
| 8. Are there buildings at your facility with limited access due to forest, terrain or season? | Yes | No |
| 9. Are your buildings located in heavily wooded areas? | Yes | No |
| 10. Is the clearing from forest/wooded areas greater than 150 feet? | Yes | No |
| 11. Is your business operational year round? | Yes | No |
| If no, provide the number of months you are operational? | | Months |
| 12. Are your buildings occupied year round? | Yes | No |
| 13. If no, is there a caretaker on site Yes No or contracted? | Yes | No |
| 14. If no, are buildings winterized? | Yes | No |

Building Information

- | | | |
|---|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms? | Yes | No |
| 2. What type of smoke alarms are installed? Battery Hardwired | | |
| 3. Do any buildings have cooking facilities? | Yes | No |
| If yes, list building numbers: | | |
| 4. Do any buildings have wood burning fireplaces and/or woodstoves? | Yes | No |
| If yes, list building numbers: | | |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? | Yes | No |
| If yes, list building numbers: | | |
| 6. Do you have power generating equipment? | Yes | No |
| If yes, is it 100% for emergency use only? | Yes | No |
| List the size of each unit (in HP and KW): | | |

DOCK INFORMATION

- | | | |
|---|-----|----|
| 1. Number of docks: | | |
| 2. Number of boat slips: | | |
| Complete the questions below only if property coverage is requested for docks. | | |
| 3. Construction: Frame Metal Floating Fixed Roofed Age: | | |
| If roofed, has proper engineering for wind/snow loads been assessed? | Yes | No |
| 4. Does the water around your dock freeze? | Yes | No |
| If yes, what date on average: | | |
| 5. Are the docks removed? | Yes | No |

ACTIVITIES 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				\$
Hiking/Backpacking				\$
Hunting				\$
Lodging/Cabin Rentals				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$

Activities Conducted	# of Guides	# of Units	User Days	Revenues
Shooting Range – Rifle or Pistol				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Boating				\$
Sea Kayak Tours/Rentals				\$
Water skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Whitewater Rafting				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
ATV's				\$
Snowmobiles				\$
Paintball				\$
Climbing Wall				\$
Rock Climbing				\$
Youth Camps or Programs				\$
Other, describe:				\$

OPERATIONS INFORMATION

- | | | |
|--|-----|-------|
| 1. Do you require your guests to sign a liability waiver? | Yes | No |
| 2. How many years have you been in business? | | Years |
| 3. If you are a new venture, how many years of prior experience? | | Years |
| 4. Are any operations conducted outside of the United States? | Yes | No |
| 5. Do you hire guides as sub-contractors? | Yes | No |
| If yes, for what activities? | | |
| If yes, do you obtain proof of insurance? | Yes | No |
| 6. List safety procedures and/or attach safety guidelines: | | |

LODGING SECTION

N/A

Guest Quarters

- Total number of units for guest rental:
- Number of RV Spaces/Tent Sites:
- Maximum guest capacity is:

KITCHEN OPERATIONS

N/A

- | | | |
|--|-----|----|
| 1. Do you have an automatic extinguishing system over the cooking surface? | Yes | No |
| 2. Do you have automatic fuel shut-off to stove? | Yes | No |
| 3. Is there a maintenance contract to clean your duct system? | Yes | No |
| 4. Do you have one or more fire extinguishers? | Yes | No |
| 5. Do you have any deep fat fryers? | Yes | No |
| 6. Is there a restaurant, bar or lounge on the premises? | Yes | No |
| If yes, is it open to the general public? | Yes | No |
| 7. What are your liquor sales? | \$ | |
| 8. What are your restaurant sales, not including liquor? | \$ | |
| 9. Of restaurant & liquor sales, what percentage is from people NOT lodging at the resort? | | % |
| 10. What is the restaurant seating capacity? | | |

SERVICE OPERATIONS	N/A
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- | | | | | |
|---|-----|----|----|-----------------|
| 1. Do you host any of these events? | | | | Annual Revenues |
| Weddings | Yes | No | \$ | |
| Conferences | Yes | No | \$ | |
| Special Events, describe: | Yes | No | \$ | |
| 2. Do you provide the catering at these functions? | | | | Yes No |
| 3. Do you provide the liquor at these functions? | | | | Yes No |
| If no, do you collect certificates from the caterers that work on your premise? | | | | Yes No |
- If you are requesting Liquor Liability you must complete the Liquor Liability Supplemental Application***

RETAIL OPERATIONS	N/A
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- | | | | | |
|--|--|--|----|--|
| 1. Do you have retail operations for any of the following? | | | | |
| General Store Pro Shop Restaurant | | | | |
| Liquor Store Gift Shop Fuel Sales | | | | |
| 2. What are your total gross sales from retail operations? | | | \$ | |

POOL AND SWIMMING AREAS	N/A
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- | | | | | |
|---|--|--|--|-----------|
| 1. How many of each: Pools Lakes Other: | | | | |
| Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: | | | | Yes No |
| 2. Are your swimming facilities open to the general public? | | | | Yes No |
| 3. Fenced? | | | | Yes No |
| 4. Diving Board? | | | | Yes No |
| 5. Locking Gate? | | | | Yes No |
| 6. Is the depth of pool marked? | | | | Yes No |
| 7. Are life rings or buoys provided? | | | | Yes No |
| 8. Life Guard on Duty? | | | | Yes No |
| 9. Pool Rules posted? | | | | Yes No |
| 10. Is there signage "No life guard, swim at your own risk, no diving"? | | | | Yes No |
| 11. Do you have a water tramp? | | | | Yes No |
| 12. Do you have a waterslide? | | | | Yes No |
| If yes, what is the length & height of slide? Length / Height | | | | |

WATERCRAFT LIABILITY SECTION	N/A
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Boat Schedule <i>(if necessary use another sheet of paper)</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION

- | | | | | | |
|---|--|--|--|--|-----------|
| 1. What type of operation do you 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. Are life vests (PFD's) required? | | | | | Yes No |
| 5. 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 your operations are unguided? %
2. Number of guides?

EQUINE SECTION	N/A
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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 you will allow on a horse: Years Old
5. Do you offer the use of helmets? Yes No
6. Do you ever allow double riding? Yes No
7. What percentage of your guest ride: Western Saddle? % vs. English Saddle? %
8. What percentage of your horse operations are: Unguided? % vs. Guided? %
9. What is the maximum guide to guest ratio? Guides to Guests
10. Do you operate pony rides? Yes No
If yes: Trail Ride Riding Ring Hand Led
11. What is the youngest rider you will allow on a pony? Years Old
12. Do you require guest to complete a physical fitness information form prior to riding? Yes No
13. Do you pre-screen guest riders and determine ability prior to riding? Yes No
14. Do guides carry with them any communication device (2-way radio, cell phone, etc.?) Yes No
15. Do you conduct a pre-ride safety briefing with guests? Yes No
16. Do you provide a written safety manual of procedures to all staff members? Yes No
17. Do you ever participate in parades or community celebrations with your horses? Yes No
18. Lists reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

ACCOUNT INFORMATION

1. Do you board horses for a fee? Yes No
If yes, how many?
2. Do you teach or allow your guests to participate in:

Dressage	Inoculations	Barrel Racing	Horse Jumping
Horse Racing	Team Penning	Hay Rides	Roping Cattle
Cattle Drives	Sleigh Rides	Branding Cattle	Handling Livestock
Buckboard/ Buggy Rides			
3. Are guests allowed to handle, rope or brand livestock? Yes No
4. If you conduct Cattle Drives, what is the number of:

Wranglers to	Riders	Maximum Duration:	Maximum Distance:
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5. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests can participate in:

GUIDE INFORMATION			
Name	Age	Years Experience	First Aid Qualifications

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

1. Do you have knowledge of any incident which may lead to a claim?
If yes, please describe:

Yes No

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|--|---|---|---|
| <p>1. Fire Protection and Testing</p> <p style="margin-left: 20px;">a. Is the building provided with an Automatic Fire Sprinkler System (AS)?</p> <p style="margin-left: 40px;">i. If yes, approximately what percentage (%) of the building is sprinklered?</p> <p style="margin-left: 40px;">ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe</p> <p style="margin-left: 40px;">iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature?</p> <p style="margin-left: 60px;">1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):</p> <p style="margin-left: 40px;">iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?</p> <p style="margin-left: 40px;">v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?</p> <p>2. Emergency Water Response (domestic and AS water lines)</p> <p style="margin-left: 20px;">a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?</p> <p style="margin-left: 20px;">b. Are water shutoff valves exercised (closed and reopened) at least annually?</p> <p style="margin-left: 20px;">c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?</p> <p>3. Automatic Water Shutoff Devices</p> <p style="margin-left: 20px;">a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?</p> <p>4. Unused/Vacant Spaces</p> <p style="margin-left: 20px;">a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?</p> <p>5. Unheated Areas (attics, crawl spaces, exterior wall joists)</p> <p style="margin-left: 20px;">a. Are all domestic water lines located in areas heated to at least 45°F?</p> <p style="margin-left: 40px;">i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):</p> <p>6. General Comments:</p> | <p>Yes</p> <p>%</p> <p>Both</p> <p>Yes</p> <p></p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> | <p>No</p> <p></p> <p></p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> | <p>N/A</p> <p></p> <p></p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> |
|--|---|---|---|

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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.**

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)