

Risk Name:	Effective Date:
Description of Operations:	

1.0 General Operations

1.1 Number of years in business?
 Is risk in bankruptcy? Yes No

1.2 Is insured a Builder, Developer or Contractor? Yes No - If YES, please describe:

1.3 Type of Management: On site general manager Off site – management firm
 Developer managed Other: _____

1.4 Does risk have a position that oversees a safety program for the operations? Yes No

1.5 Does risk have a formal, written safety program? Yes No
 If YES, please provide as many details as possible and/or copies of programs/handbook

- a) Evacuation Program? Yes No
- b) Emergency Response Plan? Yes No
- c) Self Inspection Program? Yes No
- d) Incident Investigation Program? Yes No
- e) Medical Crisis Plan Yes No

1.6 Are procedures in place for screening prospective employees with formal evaluation criteria? Yes No

- a) Criminal? Yes No
- b) Drug Test? Yes No
- c) MVR checks Yes No
- d) Physicals Yes No

1.7 Total Number of Employees:

Full Time:

Part Time:

2.0 Insured Activities

2.1 Please identify all activities that exist at your business.

Operation	Owner Operated	Sub-contracted
Aquatics*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Slides/Water Parks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marina*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moped Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jet Ski Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.1 (Continued)

- | | | |
|----------------------------|--|--|
| Whitewater Rafting | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restaurant/Liquor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Golf Course | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tennis Courts | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fitness Center/Spa | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Community Center/Clubhouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Day Care Center | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equestrian | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trampoline (water or land) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Playground | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Concerts/Fairs | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hunting | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fishing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skeet Shooting | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Downhill skiing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cross country skiing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ice Skating | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sledding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tubing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vacant land | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Development property | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: (Please describe): _____

3.0 Property

3.1 Please include a signed statement of values and a plot plan, please include an appraisal if property has any unique features.

3.2 What is the protection class of the property? _____. If Protection class 7 or higher, what is the source of the water supply? _____

3.3 Is the property? Fully Sprinklered Partially Sprinklered Not Sprinklered

3.4 Distance to closest fire hydrant? _____ Distance to Fire Department? _____

3.5 Is the Fire Department? Paid Volunteer

3.6 Is the risk protected by: (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Central Station Smoke/Heat Alarm | <input type="checkbox"/> Central Station Sprinkler Alarm |
| <input type="checkbox"/> Central Station Burglar Alarm | <input type="checkbox"/> Hard wired smoke/heat detectors |

3.7 Is there any aluminum wiring in any building that has a value in excess of \$500,000? Yes No

3.8 What type of extinguishing system is installed over cooking facilities? Wet Dry None

a) Does the extinguishing system cover the Deep Fat Fryers: Yes No

b) How often is this system serviced? Annually Quarterly Monthly Weekly Other

If other, please explain: _____

4.0 General Liability

Management/Security Information:

- 4.1 Are all guest room locking done by "keyless" (electronic access) entry systems? Yes No
- 4.2 Do guest rooms have self closing & locking doors with secondary locking devices? Yes No
- 4.3 Are all windows and doors provided with restrictive opening devices? Yes No
- 4.4 Is there a written key control policy? Yes No
- 4.5 Are fire department master keys readily available? Yes No
- 4.6 Does property have an entry gate? Yes No
If YES, 24 hour operation: Card or Electronic Access Guarded Vehicle Registration
- 4.7 Are security personnel employees? Yes No
If NO, please answer the following questions:
- a) Is security a subcontracted operation? Yes No
- b) Are certificates of Insurance required / kept on file? Yes No N/A
- c) What limits are required?

4.8 EMPLOYEE Security Personnel

Provide number of:	Full Time	Part Time	Annual Payroll
a) Entry Guard/Host	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Armed Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Unarmed Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.9 SUBCONTRACTED Security Personnel

Provide number of:	Full Time	Part Time	Annual Payroll
a) Entry Guard/Host	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Armed Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Unarmed Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4.10 What services are provided? (check all applicable):
 Alarm Monitoring Property Patrol Handling/Transporting Cash Receipts
- 4.11 Does security have arrest authority? Yes No
- 4.12 Does security use (check all applicable)
 Handcuffs Nightsticks Mace/Chemicals Large cell flashlights
- 4.13 Are guard dogs used? Yes No
- 4.14 Is there a written policy and procedures manual? Yes No
- 4.15 Which of the following are included in the hiring process?
- a) Written Examination
- b) Background & Reference Checks
- c) Psychological Exam
- d) Certified Physical Exam
- e) Other: (provide details)
- 4.16 Are all security employees required to have prior law enforcement background? Yes No
- 4.17 What is the annual security budget?

Fire/Life Safety Information:

- 4.18 Total number of rooms:
- 4.19 Are all rooms and common areas protected with hard wired smoke detectors with battery back-up? Yes No
If YES, is the system tied into a 24 hour central station monitoring system? Yes No
- 4.20 Is there a fire annunciator panel? Yes No
- 4.21 Are fire exits and stairways lighted and marked? Yes No
- 4.22 Is emergency lighting available with back up generator emergency services? Yes No
- 4.23 Does each room have an evacuation plan posted in each room? Yes No
- 4.24 Are elevators programmed to return to and remain at lobby level as soon as a fire alarm sounds? Yes No
- 4.25 Is there a written maintenance program for recreational equipment? Yes No
- 4.26 Are guests required to sign waiver of liability form in Insured's favor prior to using recreational facilities/equipment?
 Yes No
- 4.27 Is there restricted access to recreational facilities? (I.e. room key required for access, etc.?) Yes No
- 4.28 Is there on site supervision of the facilities by employees of the hotel? Yes No
- 4.29 Are there Security Guards? Yes No
If YES: (a) are they: Employees or Subcontractors
(b) are they armed? Yes No
- 4.30 How often is the sprinkler system tested and inspected?
- 4.31 Do you maintain an emergency response and evaluation plan? Yes No

Subcontractor Controls:

- 4.32 Are Certificates of Insurance and copies of riders/endorsements which include naming the Resort as additional insured obtained and kept in file for all contracted work? Yes No
- 4.33 Is there a subcontractor's control policy in place for selecting and managing subcontracted operations?
 Yes No
- 4.34 Are subcontractors required to carry commercial General Liability coverage at limits of liability to pay potential claims expected from work performed (minimum of \$1,000,000)? Yes No
- 4.35 Are subcontractors required to place their coverage with an insurance company that has an A.M. Best's rating of "A-" or better? Yes No
- 4.36 Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and or completed work? Yes No

Hotel:

- 4.37 Total number of guest rooms: _____
- 4.38 Number of floors/stories: _____
- 4.39 Is hotel part of a franchise operation? Yes No
If YES, who? _____
- 4.40 Average room rate: _____
- 4.41 Average occupancy: _____
- 4.42 Number of elevators: _____
- 4.43 Date of last elevator inspection: _____

- 4.44 Total annual receipts: _____
4.45 Room receipts only: _____
4.46 Liquor receipts only: _____
4.47 All other receipts (excluding room and liquor): _____

Food and Beverage Service Information:

- 4.48 Is the restaurant Operated by the Insured or Operated Independently?
If operated independently, does resort obtain a Certificate of Insurance from the Restaurant? Yes No
- 4.49 Does catering or off-premises activities, exceed 15% of receipts? Yes No
- 4.50 Does the applicant have UL 300 automatic fire extinguishing system (or better) over all cooking areas?
 Yes No
- 4.51 Does a commercial firm clean and service the hood and duct system, on a quarterly or better basis?
 Yes No
- 4.52 Do deep fryers have automatic fuel shut off? Yes No
- 4.53 Is there a fire wall separating the kitchen from the remainder of the premises? Yes No
- 4.54 Is there other cooking or food prep equipment in the facility other than the restaurant? Yes No
- 4.55 Is there any cooking or food heating in the rooms? Yes No
- 4.56 Is there live entertainment and/or dancing on the premises? Yes No
- 4.57 Does the risk advertise the bar in the community? Yes No
- 4.58 Does the applicant charge a cover charge? Yes No
- 4.59 Any liquor liability claims within the last 5 years? Yes No
- 4.60 Has the liquor license been suspended in the last 5 years? Yes No - If YES, please explain:
- 4.61 Does the restaurant close at/or before midnight? Yes No
- 4.61.1 Are Bartenders and Waiters/Waitresses trained for identification and handling of intoxicated customers (TIPS)?
 Yes No
- 4.62 Are there written procedures for handling intoxicated customers? Yes No
- 4.63 Have all bartenders, waiters, waitresses or other servers attended any courses on Dram Shop Liability?
 Yes No
- 4.64 Does the resort have a "call-a-cab" program in place? Yes No
- 4.65 Is there a system for monitoring liquor, including secure storage? Yes No

5.0 Automobile

- 5.1 Is there a livery/shuttle service in place? Yes No If yes, are vehicles equipped with two way communications?
- 5.2 Is valet service offered for guests? Yes No
If YES: Is parking located (List number of spaces within each parking structure)
Below Ground/Basement?

Attached parking Structure?
Detached parking Structure?
Outdoor Parking lot?
Other:

5.3 Is a "walk around" inspection completed prior to parking? Yes No

5.4 How are keys controlled?

5.5 Is there a charge or fee for parking? Yes No

5.6 Is there formal selection criteria in place (including MVR checks) for all drivers including livery/shuttle/and valet drivers? Yes No

5.7 How often are MVR's Checked?

5.8 What actions are taken when poor record is discovered?

5.9 What is the minimum age of any driver?

5.10 Is there a vehicle maintenance program in place? Yes No

5.11 Do any employees use their own autos while conducting business on behalf of the employer? Yes No

If YES, are the employees required to have their own insurance? Yes No

If YES, are minimum limits of liability required with evidence of coverage required? Yes No

6.0 Golf

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

6.1 Number of members:

6.2 Number of holes:

6.3 Number of Employees:

NOTE: Question 6.4 does not need to be completed if an Income Statement or Audited Financials are included in submission.

6.4 Estimated gross annual receipts* for the following:

(a) Membership Dues/Initiation Fees \$

(b) All Other Fees (Greens, Golf Carts, Locker Rooms, Tournaments, etc.) \$

(c) Pro Shop Merchandise Revenue (if owned) \$

(d) If HOA, # of members/homes:

6.5 Number of Rounds Played Per Year:

6.6 Is the Pro Shop: Owned by the Resort, or Operated independently

If operated independently, does resort obtain a Certificate of Insurance from the Pro? Yes No

Golf Carts and Golf Course:

6.7 Total number of riding golf carts

Golf carts are: Gas Electric

- 6.8 Where are the golf carts stored? Separate Cart Storage Building Under Clubhouse
- 6.9 If carts are stored in a section of the Clubhouse, is the storage area fully sprinklered? Yes No
- 6.10 If Electric Carts, does the Cart Barn Building have proper ventilation? Yes No
- 6.11 Is the building equipped with Central Station Smoke/Heat Detection? Yes No
- 6.12 Is the building equipped with Central Station Burglar Detection? Yes No
- 6.13 Does the Insured require a signed Golf Cart Rental Agreement for all renter of a cart? Yes No
- 6.14 Does the Club have a lightning warning and notification system in place? Yes No
If YES, please describe:

Herbicide/Pesticide Operations:

- 6.15 Are the Herbicides/Pesticides applied by licensed and trained individuals? Yes No
- 6.16 Where are the Herbicides/Pesticides stored?
- 6.17 Is there a leak / spill containment plan?
- 6.18 Are there any bodies of water within 100 feet of the storage area? Yes No
If YES, what is it (pond, lake, stream, etc.) and what is the distance?
- 6.19 Are all employees who apply pesticides and other herbicides licensed by the state?
- 6.20 Is the course sprayed when not in use?
- 6.21 Are signed posted when spraying has been done? Yes No

Equipment Storage:

- 6.22 In what building is the Grounds Equipment stored?
- 6.23 Is the building sprinklered? Yes No
- 6.24 Is the building equipped with Central Station Smoke/Heat Detection? Yes No
- 6.25 Is the building equipped with Central Station Burglar Detection? Yes No
- 6.26 Does the club have a regular maintenance program in place? Yes No
- 6.27 Does the club routinely replace older equipment? Yes No

7.0 Aquatic Pools & Lakes/Beaches

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

TYPE: Pool Beach

Pools:

- 7.1. Number of pools on premises:
- 7.2 Are all pools Virginia Graeme Baker Compliant? Yes No
- 7.3 Is the pool fenced? Yes No
If YES, does the fence have a self-latching gate? Yes No
- 7.4 Are there any diving boards? Yes No
If YES, (a) Number of diving boards
(b) Height of Diving Board(s) in meters
(c) Depth of Pool at entry from the Diving Board(s)

7.5 Are lifeguards on duty? Yes No

If yes, are incident reports maintained and logged? Yes No

If No, is a sign posted? Yes No

7.6 Are all lifeguards certified in CPR/AED use? Yes No

7.7 Does pool have visible depth markers? Yes No

7.8 Is the pool locked to deny normal access during non-working hours? Yes No

7.9 Is there a pool sliding board? Yes No

If YES, Height/type of slide

Are there enclosed stairs? Yes No

7.10 Are pool regulations prominently displayed? Yes No

7.11 Does the pool area have lighting both in and around the pool? Yes No

7.12 Do indoor pools have surveillance cameras or regular security checks? Yes No

7.13 Is there an ongoing inspection and maintenance program for pool areas? Yes No

7.14 Is there a water quality program in place in accordance with ANSI/NSPI-1 1991 standard?
 Yes No

7.15 Is there a snack bar at the pool? Yes No

7.16 Is alcohol served? Yes No

7.17 Is there a spa or hot tub? Yes No

If YES, Is it properly signed and monitored? Yes No

Is there an age restriction? Yes No

Is it controlled by a timer for shut-off at night? Yes No

7.18 Do you maintain a "lazy river" or similar water feature? Yes No

Do you supply floatation devices? Yes No

7.19 Is it patrolled regularly by lifeguards? Yes No

Lakes & Beaches:

7.20 Does the facility own/control the beach/lake area? Yes No

7.21 Are lifeguards present? Yes No

If yes, are incident reports maintained and logged?

If no, is warning signage prominent?

7.22 Is access controlled for owners and guests only? Yes No

7.23 Are there designated swimming areas? Yes No

7.24 Are beach areas on nightly maintenance program? Yes No

7.25 Is swimming at night allowed? Yes No

7.26 Is lighting and safety signage provided for beach and swimming area? Yes No

7.27 Does the beach frontage exceed 100 feet? Yes No

8.0 Day Care and Day Camp

[If NO EXPOSURE, please check here: , otherwise, please complete the following:

8.1 Which of the following services are provided or arranged for the risk on its properties?

Babysitting Day Camp Youth Camp Other (describe)?

8.2 Indicate where the activities are conducted:

Guest Room Dedicated Daycare Area Off-site (describe):

8.3 Are these services: Provided by hotel employees; Provided by a third party; or Offered by individuals who are not hotel employees, but are contracted by the hotel to provide these services.

8.4 If services are provided by a Third Party, do they provide: Evidence of insurance (\$1,000,000 minimum occurrence limit); or Hold harmless and additional insured agreements in favor of the risk.

8.5 Are these services provided: for guests of the hotel only, for guests and hotel employees only, or Other (please describe):

8.6 Is this a licensed day care center? Yes No

8.7 What are the professional qualification and requirement of the director and staff? Yes No

8.8 Are criminal background checks obtained on all counselors? Yes No

8.9 Are child abuse background checks obtained on all counselors? Yes No

8.10 Are employees trained in basic first aid and CPR? Yes No

8.11 Is more than one adult always in attendance? Yes No

8.12 Are any of the following provided for the children:

Meals, Swimming, Playground, Arts & Crafts, Field Trips

8.13 Is health information secured prior to accepting a child? Yes No

8.14 Is there a written policy for dealing with sick or injured children? Yes No

8.15 Is there a means to contact the parties in an emergency situation? Yes No

1. What is the counselor to children ratio? (example: 1 counselor per 6 children)

2. Number of children in the following age groups 0 to 5; 6 to 10; 11 to 14

8.16 How long do the day camps run? (example: last 3 weeks in July)

8.17 Daily Hours? (example 9 am to 2 pm Monday through Friday)

8.18 Does the risk provide any transportation? Yes No

If YES, please describe

9.0 Fitness Center

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

Name of Facility:

Location of Facility:

9.1 Facility open to: Owners Only Owners & Guests General Public

9.2 Are releases signed by guests? Yes No (If YES, please attach copy)

9.3 Is personnel Employed by facility Independent contractors
If independent contractors, are they required to provide proof of insurance? Yes No

9.4 What instruction services are available?
a) Personal Trainers: Yes No
b) Aerobic Classes: Yes No
c) Nutrition Classes: Yes No

9.5 Hours of Operation: _____ Open _____ Closed

9.6 Are staff members required to know CPR/AED? Yes No

9.7 Is there a: Pool Hot Tub Sauna Other:

9.8 Is there an employee on duty during use? Yes No

9.9 Is instruction posted concerning proper use of equipment? Yes No

9.10 Are safety/warning signs clearly posted? Yes No

9.11 Type of equipment: Treadmills, Stepper, Free Weights, Weight Machine, Bicycles,
 Elliptical Trainer, Other:

9.12 Are there certified trainers on staff? Yes No

9.13 Are special classes offered? Yes No

If YES: aerobics, spinning, Taebo/boxing; other:

9.14 Brand of machines: Nautilus, Cybex, Other:

9.15 How often are machines inspected by a certified professional, manufacturer representative, or applicant?

9.16 Are introductory classes given to all for proper use of machines prior to being allowed access? Yes No

9.17 Are waivers signed? Yes No

9.18 Are guests allowed to use fitness center without supervision? Yes No

9.19 Is first aid kit available on-site? Yes No

9.20 Is there a working phone in the Fitness area? Yes No

9.21 Is there a water cooler available in the Fitness/Spa area? Yes No

SPA:

Name of Spa:

9.22 Indicate the type of spa services provided

- a) Body Wrap
- b) Facials
- c) Hair Stylist (Including perms & coloring)
- d) Manicure/Pedicure
- e) Massage
- f) Sauna (Dry or Steam)
- g) Tanning
- h) Whirlpool
- i) Laser Hair Removal
- j) Waxing
- k) Acupuncture
- l) Microdermabrasion
- m) Tattooing
- n) Botox or injections of any kind
- o) Other:

- 9.23 What are the annual receipts for spa treatments?
- 9.24 Are spa services concessioned? Yes No
- 9.25 Does the spa sell any private label products? Yes No
If YES, what are the total receipts for spa products?
- 9.26 Do you conduct pre-employment background investigation for all spa staff (contracted or employed)?
 Yes No
- 9.27 Are written protocols for treatment in place? Yes No
- 9.28 Are safety inspections performed? Yes No If so, how often:
- 9.29 Do you obtain signed consent or release forms from customers? Yes No
- 9.30 Are all staff members of the spa employees? Yes No
If NO, are all staff members required to carry general liability insurance? Yes No
- 9.31 Do all staff members carry professional insurance? Yes No
- 9.32 Are all staff members required to be licensed? Yes No
- 9.33 Do your guests use pools/spas/whirlpools owned by other entities? Yes No

10.0 Watercraft/Marina/Dock

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

Name of Facility:
Location of Facility:

- 10.1 Receipts generated:
- 10.2 Is this operation contracted out? Yes No
If YES, attach certificate of insurance for the concessionaire
- 10.3 Is the facility named as Additional Insured? Yes No
- 10.4 Are releases required for: Rentals Boat Storage (Please attach copies of release)
- 10.5 Does insured carry separate marina insurance? Yes No
- 10.6 Does the operation rent boats and equipment? Yes No
- 10.7 Number and type of boats rented (size, HP)
- 10.8 Does operation store boats for other owners: Incl. in season, wet storage, moorings, docks and slips and out of season storage, dry (stack or trailers): Yes No
Please describe:
- 10.9 Does the facility operate a launch service to pick up/drop off guests? Yes No
If yes, are all operators over the age of 18 and licensed by US Coast Guard? Yes No
- 10.10 Number of rental slips available:
- 10.11 Total annual receipts for slip rentals:
- 10.12 Does operation provide mechanic for repair and maintenance work on boats of others? Yes No

- 10.13 Does operation provide and sell fuel (gasoline & oil)? Yes No
If YES, Gallons of gas sold per year:
- 10.14 Is fire suppression equipment located at the dock? Yes No
- 10.15 Are fire safety procedures followed at the gas dock? Yes No
- 10.16 What age requirements are there for boat/Jet ski rentals?
- 10.17 Are safety and floatation devices provided with each rental? Yes No
- 10.18 Is life vest use mandatory? Yes No
- 10.19 Are maintenance records kept for each boat? Yes No
- 10.20 Are employee training records kept? Yes No
- 10.21 Are the facilities inspected by federal or state authorities (i.e.: Coast Guard, State Fire Marshall, State Boating Authorities): Yes No Please list Authority:
- 10.22 Do you provide excursion boats operated by employees? Yes No
- 10.23 If operation is on a lake or river and swimming is allowed, is there a lifeguard on duty at all times?
 Yes No
-

11.0 Water Sports and Activities

(If NO EXPOSURE, please check here: , otherwise please complete the following;)

Name of Facility:
Location of Facility:

11.1 Hours of operation: Open Closed

Is this operation contracted out? Yes No

If YES, attach certificate of insurance for the concessionaire, \$1,000,000 minimum, including workers' compensation

11.2 Is the facility named as Additional Insured? Yes No

11.3 What are the annual receipts for water activities?

11.4 Do the waterfront operation sell any private label products? Yes No

If YES, what are the total receipts for spa products? Yes No

Please describe the products:

11.5 Indicate the types of activities:

1. Kayaking / Canoeing
2. Pedal Craft
3. SUP/paddle Boards
4. Sailboats
5. Windsurfers
6. Kite Surfing
7. Snorkeling
8. Trampolines
9. Water ski / wake / knee board
10. SCUBA/ Dive
11. Jet Skis
12. Para-sailing
13. Towables
14. Other:

11.6 Please attach a list of services available

11.7 Are instruction services available? Yes No

If YES, please describe

11.8 Are special classes offered? Yes No

if YES, please describe

11.9 Are there certified instructors on staff? Yes No

11.10 Are all staff Basic First Aid and CPR/AED certified?

11.11 Are guests allowed to use the equipment without supervision? Yes No

11.12 Are minors allowed to use the equipment without supervision?

If YES, are waivers signed by parents/guardians? Yes No

What is the minimum age?

11.13 Are introductory classes given to all for proper use of equipment prior to being allowed access? Yes No

11.14 How often is equipment inspected by a certified professional, manufacturer's representative, or the applicant?

11.15 Are there safety warning signs posted in the area? Yes No

11.16 Are facility safety inspections performed? Yes No If YES, how often

11.17 Do staff all maintain waterproof, two-way VHF radios? Yes No

12.0 Equestrian

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

Name of Facility:

Location of Facility:

12.1 Is equestrian operation: Managed in-house, or subcontracted

If Subcontracted, provide name of subcontractor:

12.2 # of concessionaire's horses:

12.3 Are certificates of insurance required? Yes No

12.4 What liability insurance limits is required:

12.5 Are the horses owned? Yes No - If YES, how many:

12.6 Is there boarding of horses: Yes No - If YES, how many:

12.7 Annual boarding revenue:

12.8 Annual employee payroll for boarding operation:

12.9 Does stable provide:

a) Grooming? Yes No

b) Fairer? Yes No

c) Feed? Yes No

d) Vet Services? Yes No

12.10 Are riding instructions offered? Yes No

- 12.11 Annual revenue from riding instructions:
- 12.12 Total square feet of riding rings:
- 12.13 Are there sponsored equestrian events? Yes No
If YES, please attach schedule of annual events
- 12.14 Are their training facilities on site (i.e.: walkers, racetrack, etc.)? Yes No
- 12.15 Is track or equipment sold? Yes No
- 12.16 Retail receipts: \$
- 12.17 Does stable provide trail rides? Yes No - If YES, are they guided? Yes No
- 12.18 Are there any unguided trail rides? Yes No
- 12.19 Do trail rides require 6 riders to 1 guide ratio if the gait is a trot or slower? Yes No
- 12.20 Do trail rides require 4 riders to 1 guide ratio if the gait exceeds a trot? Yes No
- 12.21 Are participants required to be over the age of 6? Yes No
- 12.22 Are guests required to sign a waiver and release of liability form? Yes No
- 12.23 Are children required to wear a helmet when riding? Yes No
- 12.24 Is an orientation given prior to ride? Yes No
- 12.25 Is protective headgear provided to all? Yes No
- 12.26 Are wranglers positioned in front and rear of trial ride? Yes No
- 12.27 Are instructors required to have at least 2 years of guiding experience? Yes No
- 12.28 Is there an inspection and maintenance program for all riding equipment? Yes No
- 12.29 Are trial guides required to take 2-way radios or cell phones on each ride? Yes No
- 12.30 Is there an emergency response plan in place for on trail incidents? Yes No
- 12.31 Annual revenue from trial rides:

13.0 Shooting Ranges

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

Name of Facility:

Location of Facility:

- 13.1 Receipts generated: \$
- 13.2 Is this operation contracted out? Yes No
- 13.3 Is other insurance available? Yes* No (*if Yes, please attach Certificate of Insurance)
- 13.4 Is area named as Additional Insured? Yes No
- 13.5 Are releases signed by all participants? Yes* No (*if Yes, please attached copy of release)
- 13.6 Please attach 5 years loss information, if any:
- 13.7 What experience does person in charge of operation have?
- 13.8 Operations/Procedures Manuals: Yes No
- 13.9 Employee Training Program (including experience and age requirements):

13.10 Type of Shooting

- a) Archery
- b) Pistol & Rifle
- c) Skeet
- d) Other

13.11 The range is: Indoor Outdoor

13.12 Is the range designed to industry recommendations (e.g. NRA, etc.)? Yes No

13.13 How is the area behind targets secured to block entrance into firing line?

13.14 What controls are in place to prevent participant from entering line of fire?

13.15 Is there an age restriction for entering the range? Yes No

13.16 What is used for a backstop behind the targets?

13.17 Does any shooting take place over water? Yes No

13.18 Is there a lead control and management program? Yes No

13.19 What type of shot is allowed (lead, copper-plated, steel, etc.)?

13.20 Who provides the shooting equipment?

13.21 For loaned equipment is it inspected prior to each use? Yes No

13.22 How many participants shoot at one time?

13.23 Is the area closed when not supervised? Yes No

If YES, how?

13.24 Are range rules reviewed with each new shooter? Yes No

Shooting Activities (other than hunting)

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

13.25 Does the applicant provide equipment / firearms / weapons for these activities? Yes No

a) If YES: please provide details:

b) How often is equipment / firearms checked? Before each use, Daily, Weekly, or
 Other (explain):

13.26 Is there a maintenance program for equipment/firearms? Yes No

If YES, please provide a copy

How is equipment stored/secured when not in use?

How is ammunition stored/secured when not in use?

13.27 Are all activities supervised by a Range Officer / Captain? Yes No

If YES, provide years of experience:

13.28 Is hearing and eye protection required by everyone on the shooting range? Yes No

13.29 How are ranges separated from other activities conducted on premises to ensure safety to others?

13.30 Shooting competitions are for: members only, clubs only, open to the public?

13.31 Number of competitions per year:

Archery

[If NO EXPOSURE, please check here: , otherwise, please complete the following:]

13.32 Is the range: Indoors; Outdoors; Archery Course

13.33 What is the backstop material? Foam; Cardboard; Hay/Straw; or Other (Please describe):

Rifle/Pistol Range

[If NO EXPOSURE, please check here: , otherwise, complete the following:]

13.34 Are warning signs, such as red & green flags, displayed at the entrance of the range, to notify others range is in use? Yes No

13.35 Are fully automatic firearms allowed? Yes No

13.36 What is the largest caliber allowed at the range?

13.37 Are inexperienced shooters accompanied to the firing position by an experienced shooter?
 Yes No

13.38 What is the backstop/berm material? Metal Earth Other

Sporting Clay, Trap & Skeet Shooting

[If NO EXPOSURE, please check here: , otherwise, complete the following:]

13.38 Was the course designed by the applicant or other (person/company)

13.39 How many shooting stations does the course have?
