



**OUTDOOR RECREATION
RENTAL INSURANCE APPLICATION**

IMPORTANT: SUBMITTING AN APPLICATION DOES NOT BIND COVERAGE

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet of paper and attach it to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

Please complete the following:

Applicant Name: _____

Doing Business As (DBA): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Legal Status: Individual Partnership Corporation Joint Venture Other

Mailing Address: _____

City: _____ State: _____ Zip: _____

Insurance Contact: _____ FEIN: _____

Detailed description of Operations: _____

Years in business: _____ Total management experience in this type of operation: _____

Total receipts: \$ _____

Please include the following with your submission:

- Copies of brochures/website
- Copy of Waiver/release forms signed by all participants that includes the state's equine statute/law
- Safety guidelines and /or safety program manual provided to your staff
- Three years of loss runs from prior carriers or a signed letter from the Named Insured stating "No known claims or incidents"



SECTION 2: OPERATIONS

1. Do you conduct any Operations, Business or Activities not covered under this application of insurance? Yes No

If yes, please describe _____

2. Are all guests, clients, students required to sign a release of liability prior to participating in the activity? Yes No

3. Are your release forms reviewed by local council (attorney)? Yes No

4. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No

5. Are any operations conducted outside the United States? Yes No

a. If yes: What % of receipts is related to International operations? _____

i. Do you require travel medical /accident coverage to be purchased? Yes No

b. If no: Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No

6. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No

7. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No

8. Do you rent out electric bicycles? Yes No

SECTION 3: EXPOSURES AND ADDITIONAL COVERAGE FORMS

Class	Receipts
Bicycle Rentals	
Skates/Rollerblades	
Windsurfers	
Stand up Paddle Board Rentals	
Canoe Rentals	
Kayak Rentals	
Other	

Additional Insureds (As they are to appear on the policy): Check here if none

Name	Address	Relationship to you



SECTION 4: LOSS INFORMATION

1. Was prior coverage ever cancelled or non-renewed? Yes No

If yes, please explain: _____

2. Loss information for the past 3 years: No Losses No Prior Coverage

Year	# of Claims	Incurred Amounts	Description

SECTION 5: FRAUD WARNINGS, DECLARATION, SIGNATURES

NOTICE OF INSURANCE INFORMATION PRACTICES. In connection with this application for insurance (and subsequent policy renewals), your personal information may be collected from persons other than you and without your authorization (e.g., credit reports). You have the right to review your personal information in our files and may request correction of any inaccuracies contained therein. A more detailed description of your rights and our practices regarding such information will be available upon request and you may contact your agent or broker for instructions regarding how to submit this request to us.

Any person who knowingly files an application for insurance or a statement of claim with materially false information with the intent to defraud an insurance company or another person is committing a fraudulent insurance act. Moreover, any person who has concealed material facts for the purpose of providing misleading information is also committing a fraudulent insurance act. These acts are crimes and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OR, or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied). In Florida, it is a third degree felony to knowingly file a statement of claim or any application containing false, incomplete, or misleading information with the intent to injure, defraud and/or deceive any insurer.

The undersigned is an authorized representative of the applicant and acknowledges that reasonably inquiry has been made to obtain the information on this application. He/she acknowledges that the answers are true, correct and complete to the best of his/her knowledge.

Signatures:

Applicant Signature: _____

Date: _____

Print Name: _____

Title: _____