



**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 reasonable 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: \_\_\_\_\_