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# OUTDOOR SPORTS INSURANCE APPLICATION

## GENERAL INFORMATION

Name Insured (Legal Entity): \_\_\_\_\_

DBA: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Location Street Address: \_\_\_\_\_

Location City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Website: www. \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Type:  Corporation  Partnership  Individual  LLC  Other

FEIN: \_\_\_\_\_

Additional Coverage Requested:  Workers' Comp  Business Auto  Umbrella  
 Cyber Liability  Building (if owned)

## PRESENT OR PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$

## BUILDING INFORMATION (PER LOCATION)

Tenant  Owner

# of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Replacement Value \$ \_\_\_\_\_  
(if owned by you)

Year of Updates Electrical \_\_\_\_\_ Roof \_\_\_\_\_ Heat \_\_\_\_\_ Plumbing \_\_\_\_\_

Contents Value: Average \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_  
inventory, contents, property of others, furniture & fixtures, rental equipment

Revenue (this location) \$ \_\_\_\_\_

# of Employees Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Construction:  Frame  Brick  Cement /Steel

Type:  Free Standing Building  Strip Mall  Shopping Mall

Fire Sprinklers:  Yes  No

Security System:  Yes  No  Central  Local

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

6500 City West Parkway, Suite 100 | Eden Prairie, MN 55344-7704 | T 800-491-2858 | F 952-944-3091 | [www.outdoorsportsins.com](http://www.outdoorsportsins.com)

**Total Annual Revenues \$** \_\_\_\_\_

<b>PRODUCT &amp; ACTIVITY INFORMATION</b>				
<b>PRODUCTS</b> (Check Sell or Rent)	<b>Sell</b>	<b>% of Total Sales</b>	<b>Rent</b>	<b>% of Total Sales</b>
Alpine Skis				
Cross Country Skis				
Snowboards				
Snow Shoes				
Helmets				
Bikes				
Canoes or Kayaks				
Stand Up Paddle Boards				
Surfboards				
Skateboards or In-line Skates				
Rock Climbing Gear				
Hiking / Backpacking Equipment				
Camping Equipment				
Firearms / Ammunition				

<b>ACTIVITIES</b> Check if Offered	<b>Offered</b>	<b>% of Total Revenue</b>
Nordic or Alpine Tours		
Bike Tours		
Canoe, Kayak or SUP Tours		
Guided Fishing		
Skate Park		
Mountaineering Tours		
Rock Climbing		
Climbing Wall Over 8'		
Any Instruction or Lessons		
Whitewater Rafting Rental or Tours		

**OPERATIONS INFORMATION**

1. Do you require customers to sign a release of liability?  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 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. Is your business operational year round?  Yes  No  
If no, number of months you are operational? \_\_\_\_\_ Months
7. Do you offer special events?  Yes  No  
If yes, please describe: \_\_\_\_\_
8. Do you have employee parties on your premise?  Yes  No  
If yes, is alcohol served?  Yes  No
9. Do you have a shop vehicle?  Yes  No  
If yes, what is it used for? \_\_\_\_\_  
If yes, do you check driving records?  Yes  No

**ALPINE SKIING** N/A

1. What type of bindings do you sell or rent?  
\_\_\_\_\_
2. What manufacturer certifications do your technicians have?  
\_\_\_\_\_
3. What testing equipment do you have on premise? (ie. Vermont Calibrator, Wintersteiger)  
\_\_\_\_\_
4. Are helmets offered for sale or rent?  Yes  No
  - a. Are they mandatory for rentals?  Yes  No
5. Do you have preseason and in-season testing in place?  Yes  No  
Per ski binding manufacturer testing requirements.
6. Describe the training process mounting technicians go through  
\_\_\_\_\_

**HELMET RENTALS** N/A

1. Do you rent helmets for ski or bike rentals?  Yes  No
2. Are they madated?  Yes  No
3. Are your helmets certified?  CE  ASTM
4. Are they visually inspected before & after each rental?  Yes  No
5. What helmet brands are available? \_\_\_\_\_  
\_\_\_\_\_

**BICYCLE INFORMATION** N/A

1. Do you use a bike assembly checklist?  Yes  No
2. Is a torque wrench available and in use?  Yes  No
3. Are helmets available for rent?  Yes  No
  - a. Are they mandatory?  Yes  No

**WATERCRAFT GENERAL INFORMATION** N/A

1. What type of operation do you have?  
 Kayak Rentals    Canoe Rentals    Stand Up Paddle Rentals    Other: \_\_\_\_\_
2. On what bodies of water does use take place?  
 Rivers    Lakes    Ocean    Bays / Inlets
3. If rivers, what classes?  
 Class I    Class II    Class III    Class IV    Class V
4. Are life jackets required?  Yes  No
5. Are life jackets provided?  Yes  No

**RELEASE OF LIABILITY**

1. Do you require customers to sign any type of release of liability forms?  Yes  No
2. Do you keep records of all signed release forms?  Yes  No
  - a. How long? \_\_\_\_\_
  - b. Where are they stored? \_\_\_\_\_
  - c. Who is responsible for them? \_\_\_\_\_
  - d. In what form are they stored? \_\_\_\_\_
  - e. Do you randomly audit retail & rental forms?  Yes  No

**LOSS HISTORY**

Date	Description of Loss	Amount Paid / Reserved
		\$
		\$
		\$

Do you have knowledge of any incident which may lead to a claim?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any additional insureds:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FRAUD NOTICE STATEMENT**

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

\_\_\_\_\_  
Name (Please Print/Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date