

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



FISHING AND HUNTING LODGE APPLICATION-FLORIDA

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address above.
- 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?
If no, provide the number of months you are operational? | Yes | No
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. Is there a CO alarm installed? | Yes | No |
| 4. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 5. Do any buildings have wood burning fireplaces and/or woodstoves?
If yes, list building numbers: | Yes | No |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 6. Do any buildings have any ACTIVE knob & tube and/or aluminum wiring?
If yes, list building numbers: | Yes | No |
| 7. Do you have power generating equipment?
If yes, is it 100% for emergency use only?
List the size of each unit (in HP and KW): | Yes
Yes | No
No |

LODGING SECTION (Guest Quarters)	N/A
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1. Total number of units for guest rental:
2. Number of RV spaces / tent sites:
3. Maximum guest capacity is:

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				\$	
Shooting Range – Rifle or Pistol				\$	
Bike Rentals				\$	
Mountain Bike Riding				\$	
Boating				\$	
Sea Kayak Tours/Rentals				\$	
Water skiing				\$	

Activities Conducted	# of Guides	# of Units	User Days	Revenues
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				\$
Club Members		Members		\$
Acreage – Leased		Acres		
Acreage – Owned				
Archery Range		Stations		\$
Range (Rifle & Pistol) – indoor		Lanes		\$
Range (Rifle & Pistol) – outdoor		Lanes		\$
Sporting Clay		Lanes		\$
Trap & Skeet				\$
Big Game Hunting				\$
Upland Bird Hunting				\$
Waterfowl Hunting				\$
Lakes or Ponds				\$
Boats				\$
Farming: Crops, Livestock				\$
Clubhouse		Sq.Ft.		\$
Lodging				\$
Restaurant				\$
Liquor Sales				\$
Retail Store				\$
Docks and Piers				
ATV – guided				\$
ATV – unguided				\$
Youth Programs				\$
Other(describe):				\$
Check all that apply to your operation:				
For Profit	Not-for-Profit	Open to Public	Private Membership	

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: | | |

KITCHEN OPERATIONS **N/A**

- | | | |
|--|-----|----|
| 1. Do you have an automatic extinguishing system over the cooking surface? | Yes | No |
|--|-----|----|

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- |                                                                                            |     |    |
|--------------------------------------------------------------------------------------------|-----|----|
| 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 annual liquor sales?                                                      | \$  |    |
| 8. What are your annual 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 |
|--------------------|-----|
|--------------------|-----|

- |                                                                                                               |     |    |    |                        |    |
|---------------------------------------------------------------------------------------------------------------|-----|----|----|------------------------|----|
| 1. Do you host any of these events?                                                                           |     |    |    | <b>Annual Revenues</b> |    |
| 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 |
| <i>If you are requesting Liquor Liability you must complete the Liquor Liability Supplemental Application</i> |     |    |    |                        |    |

| RETAIL OPERATIONS | N/A |
|-------------------|-----|
|-------------------|-----|

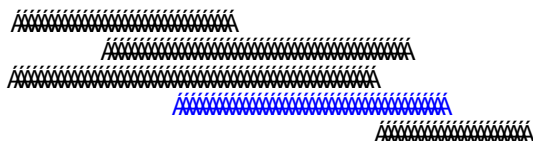
- |                                                            |           |            |  |    |
|------------------------------------------------------------|-----------|------------|--|----|
| 1. Do you have retail operations for any of the following? |           |            |  |    |
| General Store                                              | 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 |
|-------------------------|-----|
|-------------------------|-----|

- |                                                                                                                                                 |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. How many of each: Pools          Lakes          Other:                                                                                       |     |    |
| Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <b>If no, provide time table and action plan:</b> | 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. Lifeguard 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 trampoline?                                                                                                             | Yes | No |
| 12. Do you have a waterslide?                                                                                                                   | Yes | No |
| If yes, what is the length & height of slide? Length:          / Height:                                                                        |     |    |

| DOCK INFORMATION |
|------------------|
|------------------|

- |                                                                             |             |
|-----------------------------------------------------------------------------|-------------|
| 1. Number of docks?                                                         |             |
| 2. Number of boat slips?                                                    |             |
| <b>Complete the questions below only if property coverage is requested.</b> |             |
| 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 |



**WATERCRAFT LIABILITY SECTION** N/A

*Boat Schedule (if necessary use another sheet of paper)*

| Year | Make & Model | Length | HP | OB/IB/IO | # Pass | Guided |    |
|------|--------------|--------|----|----------|--------|--------|----|
|      |              |        |    |          |        | Yes    | No |
|      |              |        |    |          |        | Yes    | No |
|      |              |        |    |          |        | Yes    | No |
|      |              |        |    |          |        | Yes    | No |

**WATERCRAFT GENERAL INFORMATION** N/A

- What type of operation do you have?  
 Boat Rentals      Fishing Trips      Tube or Canoe Rentals      Hunting  
 Other(describe):
- On what bodies of water does use take place?  
 Rivers      Lakes      Ocean      Bays/Inlets
- If rivers, what classes are boated:  
 Class I      Class II      Class III      Class IV      Class V
- Are life vests (PFD's) required? Yes      No
- 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     |                     |                     |

- What percent of your operations are unguided %
- Number of guides?

**HUNTING SECTION** N/A

- What percentage of your hunting operations are unguided? %
- What type of game is being hunted?  
 Elk      Deer      Exotics      Bear      Turkey      Upland Birds  
 Hogs      Alligators      Waterfowl      Other:
- Are tree stands used? Yes      No  
 Do you use any of the following to transport hunters? If yes, how many?  
 ATVs:  
 Horses:  
 Snowmobiles:  
 Boats:  
 Other unlicensed vehicles:

**EXPOSURE INFORMATION**

|                                                        |           |          |             |             |     |
|--------------------------------------------------------|-----------|----------|-------------|-------------|-----|
| Use of helmets on ATVs is                              | mandatory | frequent | rare        | nonexistent | N/A |
| Use of muzzleloaders is                                | frequent  | rare     | nonexistent | prohibited  |     |
| Use of pistols is                                      | frequent  | rare     | nonexistent | prohibited  |     |
| Use of modified weapons is                             | frequent  | rare     | nonexistent | prohibited  |     |
| Tree stand use is                                      | frequent  | rare     | nonexistent |             |     |
| Tree stand safety harness use is                       | mandatory | frequent | rare        | nonexistent |     |
| Heavy equipment use is<br>(Tractors, bulldozers, etc.) | frequent  | rare     | nonexistent |             |     |
| ATV, Hunting Buggy, Argo use is                        | frequent  | rare     | nonexistent |             |     |
| Snowmobile use is                                      | frequent  | rare     | nonexistent |             |     |
| Sponsored youth events are                             | frequent  | rare     | nonexistent |             |     |
| Members sign liability waivers                         | mandatory | frequent | rare        | nonexistent | N/A |



|                                |           |          |      |             |     |
|--------------------------------|-----------|----------|------|-------------|-----|
| Guests sign liability waivers  | mandatory | frequent | rare | nonexistent | N/A |
| Clients sign liability waivers | mandatory | frequent | rare | nonexistent | N/A |

**SHOOTING RANGE SECTION** **N/A**

- |                                                                          |           |    |
|--------------------------------------------------------------------------|-----------|----|
| 1. Is a rangemaster / supervisor on premise during shooting hours?       | Yes       | No |
| 2. What is the minimum age of an unsupervised shooter?                   | Years Old |    |
| 3. Is the premise secured and locked when not operating?                 | Yes       | No |
| 4. Are range rules and safety guidelines posted in a conspicuous manner? | Yes       | No |
| 5. What is the maximum distance of ranges?                               | Yards     |    |
| 6. What type and kind of backstop or berm is used?<br>Describe:          |           |    |

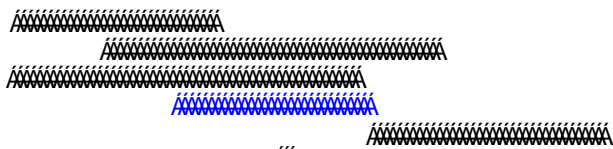
**EQUINE SECTION** **N/A**

**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:   |     |    |
| 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? Yes    No  
 If yes, please describe:



**FRAUD NOTICE STATEMENTS**

**APPLICABLE IN FLORIDA :** 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).

**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)





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## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

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Applicant Name:

Mailing Address:

City:

State:

Zip:

Website: www:

1. Nature of Operations:

2. Annual sales or revenue: \$

3. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
If yes, please indicate the types of Personally Identifiable Information held. (check all that apply):

Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers

Non-Public Medical or Healthcare Data, including Protected Health Information (PHI)

Credit or Debit Card Information

4. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No

b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No

c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No

d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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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

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ADDRESS (STREET, CITY, STATE, ZIP)