



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 800-478-9880

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

**RESCUE INSURANCE
 FOR CLUBS**

1. General Information

Proposed Effective Date: _____

Insured's Name: _____

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Population within 50 miles: _____

Other Locations Used: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Broker's Name: _____

Broker E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Insured is: Individual Corporation Partnership Joint Venture Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

2. Insurance History

Who was your last or is your current insurance carrier? _____

Please provide Insurance Company Name(s) for all companies that providing insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits (per accident / aggregate)	/	/	/

Have you ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Have you attempted to place this risk in Standard Markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Limit of Liability:

All limits are split limits. The first figure is the amount available per incident; the second is for the annual aggregate (the total coverage amount available for the year).

- \$2,000/\$4,000 \$10,000/\$20,000
- \$4,000/\$8,000 \$10,000/\$30,000
- \$5,000/\$10,000 \$20,000/\$40,000
- \$5,000/\$15,000 \$20,000/\$60,000
- \$7,500/\$15,000 \$25,000/\$50,000
- \$7,500/\$20,000 \$25,000/\$75,000

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. Business Activities

For each activity for which you are requesting rescue/evacuation coverage, estimate the expected number of days of participation per year, and place that number in the corresponding box.

In the "season" blank, indicate 3 (spring, summer, fall) or 4 (winter, spring, summer, fall).

Also provide all other information requested for each activity. For each location, indicate specific state and/or foreign country and whether federal, state, or private land. (Example-Yosemite Nat. Park in California.) Indicate an estimate of the average number of participants that go on each outing.

No. Participants	Description of Activity
	Flat-water canoeing/kayaking on river/lake _____ seasons _____ number of years experience Location(s) _____
	Whitewater canoeing/kayaking <input type="checkbox"/> class 1-3 <input type="checkbox"/> class 3-5 _____ seasons _____ # of years experience. Location(s) _____
	Whitewater Rafting <input type="checkbox"/> class 1-3 <input type="checkbox"/> class 3-5 _____ seasons _____ number of years experience. Location(s) _____
	Ocean canoeing/kayaking _____ seasons _____ number of years experience. Location(s) _____
	Rock Climbing <input type="checkbox"/> free, <input type="checkbox"/> aid _____ seasons _____ number of years experience. Location(s) _____
	Canyoneering <input type="checkbox"/> with rappels, <input type="checkbox"/> w/out rappels _____ seasons _____ number of years experience. Location(s) _____
	Caving <input type="checkbox"/> wet <input type="checkbox"/> dry _____ seasons _____ number of years experience. Location(s) _____

	Ice Climbing _____ seasons _____ number of years experience. Location(s) _____
	Backcountry/XC skiing <input type="checkbox"/> avalanche terrain <input type="checkbox"/> touring _____ seasons _____ number of years experience. Location(s) _____
	Mountaineering <input type="checkbox"/> with ice axes/crampons <input type="checkbox"/> w/o axe/crampons _____ seasons _____ number of years experience. Location(s) _____
	Day hiking _____ seasons _____ number of years experience. Location(s) _____
	Backpacking _____ seasons _____ number of years experience. Location(s) _____
	Mountain Biking _____ seasons _____ number of years experience. Location(s) _____
	Horse packing <input type="checkbox"/> trail rides <input type="checkbox"/> drop camps _____ seasons _____ number of years experience. Location(s) _____
	Hunting without horses _____ seasons _____ number of years experience. Location(s) _____
	Other _____ Location(s) _____

Health/Medical Information For Participants

- Do you use a membership registration form that asks basic medical history questions? Yes No
- Do you use a liability release form? Yes No
If yes, please enclose a copy.
- Are non-members allowed to participate? Yes No
If yes, how many annually? _____

Trip Leaders/Instructors

How many trip leaders do you have? _____

What is the trip leader to participant ratio for each activity? _____

Describe the minimum required training, experience, certifications, age, and apprenticeship required of trip leaders: _____

Coverage Requested

- Annual—identify year and inception date: _____
- Short term—give specific dates: _____
- What is your opinion of the use of cell phones to activate rescues in situations that are not truly serious emergencies? _____
- Are you requesting rescue/evacuation benefits for any foreign trips? Yes No
If yes, please describe: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant

and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name



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CLUB SUPPLEMENT

The following questionnaire is designed for those clubs which have a true membership and is not applicable to businesses simply using the term "club" as part of the business name.

1. Club or Association Name: _____
2. Purpose of Club or Association: _____
3. Officer or Representative: _____
4. Telephone: _____ Fax: _____
5. Physical Address: _____

6. Description of Premises: _____

7. Do club-sponsored activities, competitive events, activities, or services involve non-members? Yes No

****Club Liability coverage provides protection for club activities and includes Club members as Additional Insureds against third party claims. Cross liability claims between one member one member against another member, or a member against the Club or Association, are excluded. Special events, or activities, including non-members and/or spectators, must be added separately. No coverage is provided unless a SPECIAL EVENTS Questionnaire has been received, and coverage issued and paid for the special event. Certain events or scheduled activities are often added at no additional cost.**

8. List all land or premises owned, leased, rented or used for which premises liability protection is to be provided under the coverage issued. (Use separate sheet if necessary). If your club or association owns, leases, or otherwise operates a shooting range, a separate shooting range supplement must also be completed.

Location: _____	Use: _____
Location: _____	Use: _____
Location: _____	Use: _____
Location: _____	Use: _____

9. Attach a list of scheduled Club or Association Meetings, gatherings, planned events, and other activities which take place during the year for which insurance coverage issued is to apply. (Use separate sheet).

10. Provide a list of the directors and officers of the club or association.

OFFICERS / TITLE	CLUB OR ASSOCIATION

11. Membership is comprised of: Individuals Business Other Groups Other _____
12. Number of members: _____ Associate: _____ Individual: _____ Family: _____ Other: _____
13. What are the Annual Dues? \$ _____ Associate: \$ _____ Individual: \$ _____ Family: \$ _____
14. Total receipts received from: Membership dues: \$ _____ All other services, fees, etc. \$ _____
15. Total Annual Gross Receipts all operations and services: \$ _____
16. How many years has the Club or Association been organized? _____ Years _____ Months

17. Does the Club or Association sell or provide liquor at any activities or events? Yes No

If yes, explain: _____

18. Please provide names of all state and national associations your group belongs to: _____

19. Describe mobile equipment operated by the Club or Association: _____

20. Are any vehicles/mobile equipment used or furnished for use on premises that are unlicensed? Yes No

If yes, provide list of unlicensed vehicles and mobile equipment. Special Note: Licensed vehicles and equipment, for over the road use must be insured under a separate automobile coverage contract.

21. Are investigators, guests, or potential members permitted to participate in any Club or Association sponsored events or activities prior to joining? Yes No

If yes, please explain: _____

Signature: _____ Title: _____

Date: _____