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## GENERAL RECREATION APPLICATION

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

### A. General Information

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

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

Physical address: \_\_\_\_\_

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

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

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Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**B. Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

Has the applicant or any predecessor ever had a claim?  Yes  No

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_

**C. Desired Insurance**

**Limit of Liability – Commercial Liability Coverage:**

Per act/aggregate		Per person/per act/aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

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

**Inland Marine/Physical Damage Deductible:**  \$1,000 (Minimum)  \$2,500  \$5,000  Other: \_\_\_\_\_

**D. Business Activities**

Length of season: \_\_\_\_\_

Describe all activities for which coverage should be quoted (use additional sheets if necessary). **Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires.** \_\_\_\_\_

Premises/locations: Please include any information which adequately describes your premises (i.e. photos, diagrams, brochures, etc.).

PHYSICAL ADDRESS	USE	ACREAGE/ SQUARE FOOTAGE	TYPE OF LOCATION (AREA, RIVER, NATIONAL FORREST, PARK)	PREMISES LIABILITY REQUESTED	WATER HAZARDS (POND, LAKE, RIVER, CREEK)
				Y / N	
				Y / N	
				Y / N	

How many people participate in your recreational activities at this location annually? (Please list each activity separately)

DESCRIPTION OF ACTIVITY	ANNUAL GROSS RECEIPTS	ANNUAL NO. OF GUESTS OR PARTICIPANTS	X	NO. OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
			X		=	
			X		=	
			X		=	

Gross receipts: break out gross receipts by category. All others must be described or no coverage can be provided.

	LAST YEAR	ESTIMATED FOR THIS YEAR
Retail sales	\$	\$
Rental fees	\$	\$
Guided trips	\$	\$
Competition fees		
Other (please describe):	\$	\$
Total	\$	\$

Check the applicable equipment and how many operated.

Unit	# of units	Unit	#of units	Unit	#of units
<input type="checkbox"/> Automobiles		<input type="checkbox"/> Snowmobiles		<input type="checkbox"/> Mopeds/scooters	
<input type="checkbox"/> ATV/UTV		<input type="checkbox"/> Snow cat		<input type="checkbox"/> Motorcycles	
<input type="checkbox"/> Dirt bikes		<input type="checkbox"/> Motor boats		<input type="checkbox"/> Motorhomes/RV	
<input type="checkbox"/> High performance or exotic autos		<input type="checkbox"/> Personal watercrafts		<input type="checkbox"/> Kayaks/canoes	

**Attach equipment schedule (REQUIRED)**

**E. Equipment**

Who is responsible for equipment maintenance? \_\_\_\_\_

How often is equipment checked and inspected? \_\_\_\_\_

Do you keep any maintenance records?  Yes  No

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

\_\_\_\_\_

**F. Risk Management**

Do you have an accident/emergency plan?  Yes  No

Are medical facilities or first aid stations/personnel?  Yes  No

If no, how long does it take for emergency responders to reach you? \_\_\_\_\_

Are all activities supervised?  Yes  No

If no, please describe unsupervised activities: \_\_\_\_\_  
\_\_\_\_\_

Do you use liability waivers?  Yes  No

If yes, please attach a copy. **\*Carrier waiver may replace any existing waiver used**

Checklist of enclosures:

- |  |   |
|--|---|
| <input type="checkbox"/> Brochure or advertising materials | <input type="checkbox"/> Liability waiver                             |
| <input type="checkbox"/> Staff manual (optional)           | <input type="checkbox"/> Operating plan, procedural manual (optional) |
| <input type="checkbox"/> First aid kit list                | <input type="checkbox"/> Emergency plan                               |

**\*Additional supplements may be required based on your operations**

**G. Employees**

What is the minimum age of employees?  16–18  18–21  21+

What is the guide/instructor to participant ratio? Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

Do you use security personnel?  Yes  No

If yes, how many? \_\_\_\_\_

For operations with water sources on premises, do you employ lifeguards?  Yes  No

If yes, what qualifications do you require? \_\_\_\_\_

Do you use independent contractors as employees?  Yes  No

Do the independent contractors carry their own insurance?  Yes  No

If yes, do you obtain a certificate of insurance from the independent contractors and have them list you as an additional insured?  Yes  No

**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