



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

## ALPINE SKI RESORT

### General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

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: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's 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? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

### 1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity 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: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

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

**2. Desired Insurance**

**Limit of Liability:**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

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

**3. Business Operations**

1. Operating hours: \_\_\_a.m. to \_\_\_\_\_ p.m.

2. What is the elevation of the ski area? \_\_\_\_\_ Top \_\_\_\_\_ Bottom

3. Do you utilize snowmaking?  Yes  No \_\_\_\_\_% of slopes  
Is it Portable  Yes  No or Fixed  Yes  No ?

4. What percentage of your slopes are: \_\_\_% Advanced \_\_\_% Intermediate \_\_\_%Beginner

5. Identify your motorized equipment and provide figure for how many you use

Snowcats \_\_\_\_\_  4-wheeler \_\_\_\_\_  
 Snowmobiles \_\_\_\_\_  Other: : \_\_\_\_\_

6. How many employees do you utilize?

	Ski School	Ski Patrol	Lifts	Restaurants	Ski Shops	Management
Full-Time						
Part-Time						

1. Are there any independent contractors or concessions operating on your business premises?  Yes  No  
If yes, please list: \_\_\_\_\_

2. Have you obtained certificates of Insurance from all independent contractors and concessions?  Yes  No  
 If yes, please enclose copies.

3. Describe any off season operations: \_\_\_\_\_  
 \_\_\_\_\_

4. Do you operate any of the following?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Nordic Ski Center
<input type="checkbox"/>	<input type="checkbox"/>	Snowmobile Guiding or Rental
<input type="checkbox"/>	<input type="checkbox"/>	Sleigh or Wagon Rides
<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating
<input type="checkbox"/>	<input type="checkbox"/>	Alpine Race Course

**4. LIFT INFORMATION**

1. Identify all lifts and specify if double (dbl), triple (tpl), quad (qd), rope tow (rt), t-bar , j-bar, platter (plt), high speed quad (hsq), gondola (gdl) or tram.

Type	Manufacturer	Year Installed	Year Last Inspected
1.			
2.			
3.			
Type	Manufacturer	Year Installed	Year Last Inspected
4.			
5.			
6.			
7.			
8.			
9.			
10.			

2. Who is your lift maintenance supervisor? \_\_\_\_\_  
 Years of experience: \_\_\_\_\_ Years with your operation: \_\_\_\_\_

3. Do you have your lifts inspected annually by an outside entity?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have your lifts inspected annually by an outside entity?
		Who?
<input type="checkbox"/>	<input type="checkbox"/>	Does your lift personnel inspect your lifts regularly and document the inspection?
		How often?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a formal training program for lift operators?

**5. SKI RENTAL SHOP(S) INFORMATION**

1.  Yes  No Are ski shop personnel trained and certified to do binding adjustment and maintenance?  
 2.  Yes  No Do you refuse to adjust older bindings which are not provided indemnification by the manufacturer?

3. Identify all equipment rented and give average charge per rental:  
 Alpine Skis, Boots \$ \_\_\_\_\_ X-C Skis, Boots \$ \_\_\_\_\_  
 Snowboards \$ \_\_\_\_\_ Mono Skis \$ \_\_\_\_\_  
 Telemark Skis, Boots \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**6. SKI PATROL**

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	What is the name of the ski patrol director? Years of experience? _____ Years with your operation? _____
2.			How many patrollers do you have? _____ Pro _____% National _____%
3.			What is the minimum level of first-aid training required? <input type="checkbox"/> CPR <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> EMT <input type="checkbox"/> WEC
4.	<input type="checkbox"/>	<input type="checkbox"/>	Do you conduct in-service emergency training for your patrol?
5.			Are patrollers trained in accident documentation? (Attach sample of your form.)
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you do avalanche control work? If YES, answer the following:
	<input type="checkbox"/>	<input type="checkbox"/>	a) Do you have access to avalanche dogs?
	<input type="checkbox"/>	<input type="checkbox"/>	b) Does the patrol train regularly for avalanche rescue and is it documented?
	<input type="checkbox"/>	<input type="checkbox"/>	c) Do you have an emergency response plan in the event of a burial?

**SKI SCHOOL INFORMATION**

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	What is the name of your ski school director? _____ Years of Experience: _____ Years with your operation: _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	How many Instructors? Part-time _____ Full-time _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Do instructors have first-aid training?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a race program?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a day care/nursery? If YES:
	<input type="checkbox"/>	<input type="checkbox"/>	Is it licensed? (Enclose copy)
	<input type="checkbox"/>	<input type="checkbox"/>	Are the staff certified?

**RISK MANAGEMENT**

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Is the skier responsibility code posted?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Are trail maps posted and handed out? Please enclose sample.
3.	<input type="checkbox"/>	<input type="checkbox"/>	Are list safety rules posted?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are weather and snow conditions posted?

5.	<input type="checkbox"/>	<input type="checkbox"/>	Do any of the following sign release of liability statements? Please enclose sample.	
	<input type="checkbox"/>	Ski School Students	<input type="checkbox"/>	Ski Equipment Renters
	<input type="checkbox"/>	Season Pass Holders	<input type="checkbox"/>	Competitive Participants

Lift ticket revenues: Total \$ \_\_\_\_\_

	Price times 1	Annual Skiers	Gross Income	% of Total
Adult				
Child				
½ Day				
Season Pass				
Pass Books				

All other revenues:

Ski School: \_\_\_\_\_ Food Service: \_\_\_\_\_

Ski Rental/Repair: \_\_\_\_\_ Ski Shop Sales: \_\_\_\_\_

Other: \_\_\_\_\_ Lodging: \_\_\_\_\_

Was this a below average, normal, or above average year? (Circle one)

Location of resort if different from mailing address: \_\_\_\_\_

List all activities requiring certificates of Insurance or Additional Insured including complete name and address as it will appear on the form. Attach others as needed.

	Land Owner	Government Agency	Concessions Contracts	Other
A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name