



Hibbs ♦ Hallmark & Company

501 Shelley Drive ♦ Tyler, TX 75701

903.561.8484 ♦ 800.765.6767 ♦ Fax 903.581.5988

www.HibbsHallmark.com

Resort & Lodge Application

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- 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

Name Insured _____

Principal Contact _____

Mailing Street Address _____

Mailing City _____ Mailing State _____ Mailing Zip/Postal Code _____

Location Street Address _____

Location City _____ Location State _____ Location Zip/Postal Code _____

Phone _____ Fax _____ Website _____

Business Form Corporation Partnership Individual LLC Other _____

Effective Date _____ Limit of Liability Requested/Occurrence \$300,000 \$500,000 \$1,000,000

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 (use an additional sheet of paper if necessary)

Name	Complete Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

PRODUCING INSURANCE AGENT

Agency _____

Contact _____

Address _____

Phone _____ Fax _____ Email _____

PROPERTY SECTION

N/A

Premises Information

Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? Yes No

What is the Fire Protection Class of your location? _____

Distance to fire station? _____ Miles Is the responding fire department Staffed Volunteer

Distance to fire hydrant _____ Feet

Are there other fire control water sources available? Pool Pond/Lake Water Tank Other _____

Is your location prone to grass fires and/or forest fires? Yes No

Are there buildings at your facility with limited access due to forest, terrain, or season? Yes No

Are your buildings located in heavily wooded areas? Yes No

Is the clearing from forest/wooded areas greater than 150 feet? Yes No

Is your business operational year-round? Yes No

If no, provide the number of months you are operational. _____ months

Are your buildings occupied year-round? Yes No

If no, is there a caretaker on site? Yes No Or contracted? Yes No

If no, are buildings winterized? Yes No

Building Information

Are there smoke alarms in all corridors and bedrooms? Yes No

What type of smoke alarms are installed? Battery Hardwired

Do any buildings have cooking facilities? Yes No

If yes, list building numbers: _____

Do any buildings have wood burning fireplaces and/or woodstoves? Yes No

If yes, list building numbers: _____

If yes, are the chimneys and flues cleaned annually? Yes No

Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No

If yes, list building numbers: _____

Dock Information

Number of docks _____ Number of boat slips _____

Complete the following questions only if property coverage is requested for docks.

Construction: Frame Metal Floating Fixed Roofed Age _____

If roofed, has proper engineering for wind/snow loads been assessed? Yes No

Does the water around your dock freeze?

Yes No

If yes, what date on average? _____

Are the docks removed?

Yes No

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	_____	_____	_____	\$ _____
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	_____	_____	_____	\$ _____
Other, Describe	_____	_____	_____	\$ _____

Operations Information

Do you require your guests to sign a liability waiver?

Yes No

How many years have you been in business? _____

If you are a new venture, how many years of prior experience? _____

Are any operations conducted outside of the United States?

Yes No

Do you hire guides as sub-contractors? Yes No

If yes, for what activities? _____

If yes, do you obtain proof of insurance? Yes No

List safety procedures and/or attach safety guidelines: _____

LODGING SECTION

N/A

Guest Quarters

Total number of units for guest rental _____

Number of RV Spaces/Tent Sites _____

Maximum guest capacity is _____

KITCHEN OPERATIONS

N/A

Do you have an automatic extinguishing system over the cooking surface? Yes No

Do you have automatic fuel shut-off to stove? Yes No

Is there a maintenance contract to clean your duct system? Yes No

Do you have one or more fire extinguishers? Yes No

Do you have any deep fat fryers? Yes No

Is there a restaurant, bar, or lounge on the premises? Yes No

If yes, is it open to the general public? Yes No

What are your liquor sales? \$ _____ What are your restaurant sales, not including liquor? \$ _____

Of restaurant & liquor sales, what percentage is from people NOT lodging at the resort? _____ %

What is the restaurant seating capacity? _____

SERVICE OPERATIONS

N/A

Do you host any of these events?

Annual Revenues

Weddings Yes No \$ _____

Conferences Yes No \$ _____

Special Events, describe: _____ Yes No \$ _____

Do you provide the catering at these functions? Yes No

Do you provide the liquor at these functions? Yes No

If no, do you collect certificates from the caterers that work on your premises? Yes No

If you are requesting Liquor Liability you must complete the Liquor Liability Supplemental Application

RETAIL OPERATIONS

N/A

Do you have retail operations for any of the following?

General Store Pro Shop Restaurant Liquor Store Gift Shop Fuel Sales

What are your total gross sales from retail operations? \$ _____

POOL AND SWIMMING AREAS

N/A

How many of each? Pools _____ Lakes _____ Other _____

Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, provide time table and action plan: _____

Are your swimming facilities open to the general public? Yes No

Fenced? Yes No

Diving Board? Yes No

Locking Gate? Yes No

Is the pool depth marked? Yes No

Are life rings or buoys provided? Yes No

Lifeguard on Duty? Yes No

Pool Rules posted? Yes No

Is there signage "No lifeguard, swim at your own risk, no diving"? Yes No

Do you have a water tramp? Yes No

Do you have a waterslide? Yes No

If yes, what is the length & height of slide? _____ Length / _____ Height

WATERCRAFT LIABILITY SECTION

N/A

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

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Watercraft General Information

What type of operation of you have? Boat Rentals Fishing Trips Tube or Canoe Rentals Hunting Other _____

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 percentage of your operations are unguided? _____ % Number of guides _____

EQUINE SECTION

N/A

Ride Information

Total number of horses available for guest riding _____

Maximum number of horses in use for guest riding at any one time _____

Average number of horses in use for guest riding at any one time _____

What is the youngest rider you will allow on a horse: _____ years old

Do you offer the use of helmets? Yes No

Do you ever allow double riding? Yes No

What percentage of your guests ride: Western Saddle _____ % English Saddle _____ %

What percentage of your horse operations are: Unguided _____ % Guided _____ %

What is the maximum guide to guest ratio? Guides _____ Guests _____

Do you operate pony rides? Yes No

If yes: Trail Ride Riding Ring Hand Led

What is the youngest rider you will allow on a pony? _____ Years Old

Do you require guests to complete a physical fitness information form prior to riding? Yes No

Do you pre-screen riders and determine ability prior to riding? Yes No

Do your guides carry with them any communication device (2-way radio, cell phone, etc)? Yes No

Do you conduct a pre-ride safety briefing with guests? Yes No

Do you provide a written safety manual or procedures to all staff members? Yes No

Do you ever participate in parades or community celebrations with your horses? Yes No

List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy).

ACCOUNT INFORMATION

Do you board horses for a fee? Yes No

If yes, how many?

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

Are guests allowed to handle, rope, or brand livestock? Yes No

If you conduct Cattle Drives, what is the number of:

Wranglers _____ to _____ Riders Maximum Duration _____ Maximum Distance _____

If you 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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

If yes, please describe:

FRAUD NOTICE

NOTICE TO THE 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 PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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 OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature

Date

Agent Signature

Date