



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

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="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

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.

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