



Risk Placement Services, Inc.



# NON-GUIDED RECREATION EQUIPMENT RENTAL APPLICATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

Named Insured as it is to appear on the policy:													
DBA:													
FEIN/SS:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Mailing Address:													
Inspection Contact Name							Phone Number:						
Website Address:	E-Mail Address												
Business Address:													
Description of Operations:													
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes", please describe:													
Effective Date:				Expiration Date:				Operating Season:					
Length of time In Business:				Total Management Experience in this type of Operation:									
<b>*** If a new Venture or Operation, please attach a Resume or a Summary or Qualifications ***</b>													
Limits of Liability Required:	Per Occurrence:				Aggregate:								
Deductible per Claim:	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>					

Additional Insured (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>	
Name	Address	Relationship to you	

Has Your Insurance Ever Been Cancelled or Non-Renewed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes - Please explain:				

Submission requirements for all Operations:	
<input type="checkbox"/>	Copies of Brochures.
<input type="checkbox"/>	Copy of the Waiver/Release forms signed by all participants
<input type="checkbox"/>	Copy of your EQUIPMENT RENTAL AGREEMENT (Mandatory to Quote Coverage)
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members
<input type="checkbox"/>	Three Years of Loss Runs from Prior Carriers or A signed letter from the Named Insured stating "No known claims or Incidents".

Producing Agent Information		
Name of Agent	Address	Telephone Number

**PRIOR CARRIER INFORMATION**

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

**REVENUE BREAKDOWN FOR ALL ACTIVITIES**

TOTAL GROSS REVENUES FOR ALL ACTIVITIES:                      \$ \_\_\_\_\_

NON-GUIDED RECREATIONAL EQUIPMENT RENTALS	Equipment Age	GROSS REVENUES	No Exposure
BEACH RENTALS: UMBRELLAS, STROLLERS, CHAIRS			
BICYCLES			
CANOES / KAYAKS / PADDLEBOATS			
CROSS COUNTRY SKIS			
DOWNHILL SKIS			
FISHING BOATS < 50 HP			
PONTOON BOATS			
RAFTS			
SKATES /ROLLER BLADES / SKATEBOARDS			
SNOWBOARDS			
SURF BOARDS / STAND UP PADDLE BOARDS/WAKEBOARDS			
TUBES			
WINDSURFERS			
REPAIRS			
OTHER:			
OTHER:			
OTHER:			
INCIDENTAL OPERATIONS		GROSS REVENUES	
CABINS /CAMPING / LODGING / RV			
CONCESSIONS			
RETAIL SALES OF MERCHANDISE			
RESTAURANT			
OTHER:			
OTHER:			
OTHER:			

**GENERAL OPERATIONS INFORMATION**

1. Are all guests, clients, students required to Sign a Release of Liability Prior to renting any equipment? \_\_ Yes \_\_ No
2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? \_\_ Yes \_\_ No
3. Do you hire sub-contractors, Independent Contractors or concessionaires? \_\_ Yes \_\_ No  
 If "yes" – Please describe \_\_\_\_\_  
 If "yes" – Do you obtain Proof of Insurance with AI status from them? \_\_ Yes \_\_ No
4. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? \_\_ Yes \_\_ No
5. Do you deliver equipment to renters? \_\_ Yes \_\_ No
6. Do you provide any type of transportation to or from a location? \_\_ Yes \_\_ No  
 If "yes", please describe & If a river provide the Class of the River \_\_\_\_\_
7. Do you inspect each piece of equipment after each rental and make repairs immediately? \_\_ Yes \_\_ No
8. Do you keep a log of all inspections and repairs including the date and type of repair? \_\_ Yes \_\_ No
9. Do you maintain and retire the equipment per manufacturer's recommendations? \_\_ Yes \_\_ No
10. Do you provide any instruction or classes? \_\_ Yes \_\_ No  
 If "yes" Please describe: \_\_\_\_\_
11. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? \_\_ Yes \_\_ No

**WATERCRAFT & TUBE RENTALS**

**NO EXPOSURE**

1. Do you provide U.S. Coastguard approved PDFs for each person that will be aboard a watercraft or renting a tube? \_\_ Yes \_\_ No
2. If your rental location is river specific – what class River are you on? \_\_\_\_\_
3. Do you rent Tubes or Watercraft on a Dam release river? \_\_ Yes \_\_ No  
 If "yes", what class rapid/whitewater does the River become during the Dam Release? \_\_\_\_\_  
 If "yes", what is your procedure for ensuring that rentals are off the river during a release? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Do you provide a safety speech advising the renters of the hazards of the dam release if during rental hours? \_\_ Yes \_\_ No
5. What is your minimum age for allowing participants on the river in your rentals? \_\_\_\_\_
6. Do you verify that the renter of a motorized watercraft has a valid in-force driver's license prior to renting? \_\_ Yes \_\_ No

# Of CRAFT	LENGTH, MAKE AND MODEL OF RAFT	ENGINE HP	# OF PASS.	CLASS OF RIVERS (1 – 5) OR NAME OF LAKE OPERATED ON

**SKIING / SNOWBOARDING EQUIPMENT RENTAL**  NO EXPOSURE

1. Are all employees Trained and Certified by the manufacturer to outfit patrons and adjust bindings as suited? \_\_ Yes \_\_ No  
If "yes" please list the Manufacturers: \_\_\_\_\_
2. What is the minimum age for renting equipment: \_\_\_\_\_

**BICYCLE / SKATEBOARD / IN-LINE RENTALS / SKATES**  NO EXPOSURE

1. Do you provide fitted safety helmets for all rentals / riders? \_\_ Yes \_\_ No

**CAMPING / CABINS / LODGING / SWIMMING**  NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: \_\_\_\_\_
2. Total Number of RV Spaces Available: \_\_\_\_\_ Describe Utility Hookups \_\_\_\_\_
3. Total Number of Cabins Available: \_\_\_\_\_ If Lodge – Number of Units: \_\_\_\_\_ Date Built: \_\_\_\_\_
4. Do All Cabins / Lodge Units Have Smoke Alarms? \_\_ Yes \_\_ No
5. Are Individuals Allowed to Cook within the cabins? \_\_ Yes \_\_ No
6. Is there a Swimming Pool or Swimming Area Available for Use? \_\_ Yes \_\_ No  
If "yes" is there a Diving Board or Slide? \_\_ Yes \_\_ No  
If "yes" are all Local and State Rules & Regulations regarding Signage Complied with? \_\_ Yes \_\_ No  
Are there Lifeguards monitoring the swimmers? \_\_ Yes \_\_ No
7. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? \_\_ Yes \_\_ No
8. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? \_\_ Yes \_\_ No
9. Have you even received a citation or warning with respects to the pool/spa from State or Local Authorities? \_\_ Yes \_\_ No  
If "yes", please describe the citation and how the citation was remedied: \_\_\_\_\_  
\_\_\_\_\_

**CONCESSIONS / RESTAURANT**  NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? \_\_ Yes \_\_ No  
If "no", please describe the Fire Protection present: \_\_\_\_\_
2. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? \_\_ Yes \_\_ No  
If "no", please describe why: \_\_\_\_\_
3. Have you ever been cited for a health violation? \_\_ Yes \_\_ No  
If "yes" – describe citation and how remedied: \_\_\_\_\_

PLEASE INDICATE IF YOU SELL ANY OF THE FOLLOWING MERCHANDISE IN YOUR STORE:

<input type="checkbox"/>	AMMUNITION	<input type="checkbox"/>	GENERAL STORE
<input type="checkbox"/>	RELOADS	<input type="checkbox"/>	FIREARMS
<input type="checkbox"/>	ARROWS	<input type="checkbox"/>	KNIVES
<input type="checkbox"/>	BLACK POWDER	<input type="checkbox"/>	SCUBA DIVING EQUIPMENT
<input type="checkbox"/>	BOWS-MANUAL	<input type="checkbox"/>	WATERCRAFT
<input type="checkbox"/>	BOWS-MECHANIZED	<input type="checkbox"/>	T-SHIRTS & SOUVENIRS
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	OTHER: _____

1. Do you repair or sell used equipment? \_\_ Yes \_\_ No

If "yes" – do you have a warranty or guarantee or return policy that you provide? \_\_ Yes \_\_ No

If "yes" – please provide a copy or describe: \_\_\_\_\_

\_\_\_\_\_

2. Provide a general description of the types of items you have for sale in your store.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you sell hunting or fishing permits? \_\_ Yes \_\_ No

**NON-GUIDED EQUIPMENT RENTALS MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY**

**BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE**

\*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\*

No.	Initials	Requirements
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2.		A Waiver and release of liability approved by us, recognizing the dangers of the activities will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years
3.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
4.		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment
5.		You shall inspect all equipment / units / watercraft daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron's safety. You shall maintain and keep a written log of these inspections and repairs.
6.		Records of each rental with times and dates must be maintained along with the waivers and including, incident / injury reports for a minimum of 3 years
7.		<u>All</u> incidents regardless of severity will be reported to the company immediately.
8.		You shall have a procedure in place for lost or late returning patrons.
9.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
10.		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
11.		The minimum age for renters of rental equipment is 18 years. A parent or guardian must sign the waiver and/or release for any person Under 18 years of age that is using the equipment.
12.		Customers shall be fitted and provided with an approved United States Coastguard personal flotation device, which must be worn by each participant at all times while on/in any watercraft, water vehicle or tube
13.		Customers will be provided with, and must wear an industry approved helmet for all Class IV and Class V River Raft Rentals.
14.		You shall ensure that all motorized watercraft renters have a valid and in-force driver's license before allowing operation of the watercraft.
15.		<u>Bicycle / Skateboard / Skates</u> : Customers will be fitted for and provided an industry approved helmet / headgear.

**IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL**

No.	Explanation and Comments:

I understand that R.B. Jones Insurance for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

**By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE & TITLE

\_\_\_\_\_  
PRINTED NAME & TITLE

\_\_\_\_\_  
DATE

## R. B. JONES AND UNDERWRITERS ANTI-FRAUD STATEMENT

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) R.B. Jones and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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 fines and confinement in prison.

For residents of New York: 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant \_\_\_\_\_

Date \_\_\_\_\_