

## Destination Resorts & Hotels Comprehensive Profile

Please complete this questionnaire and the separate amenity forms that apply for the exposure activities found at the destination resort indicated.

### Account Characteristics

Account name: \_\_\_\_\_

Website address: \_\_\_\_\_ Email address: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Type of management (check one):  On-site general manager  Off-site/management firm

Developer manager  Other: \_\_\_\_\_

Contacts:

	Name	Email address	Phone
Inspection			
Accounting			
Management Co			
President			

### DOCUMENTS NEEDED WITH SUBMISSION:

- Property management contract
- Copies of any/all waivers used for activities
- 5 years currently valued loss runs for Property, GL, Auto, Umbrella
- Plot map/diagram
- ACORD Property Application completed with all COPE information, including years of updates for roof, heating, electrical, plumbing and sprinkler information
- Most recent audited financial statements
- Most recent appraisal showing the cost per sq ft to rebuild may be required

### Demographic Characteristics

	Type of Terrain		High Frequency Risk Zones
<input type="checkbox"/>	Forest	<input type="checkbox"/>	Hurricane/wind
<input type="checkbox"/>	Open grassland	<input type="checkbox"/>	Flood – zone
<input type="checkbox"/>	Desert	<input type="checkbox"/>	Forest fire – zone
<input type="checkbox"/>	Urban	<input type="checkbox"/>	Earthquake – zone
<input type="checkbox"/>	Within incorporated city/township	<input type="checkbox"/>	Volcano
<input type="checkbox"/>		<input type="checkbox"/>	

Total number of rooms: \_\_\_\_\_

Number of floors/stories: \_\_\_\_\_

Number of elevators: \_\_\_\_\_

**Physical Characteristics**

Total acres: \_\_\_\_\_ acres

Total square footage of hotel: \_\_\_\_\_ sq. ft.

**Lakes and rivers**

Number of lakes/reservoirs: \_\_\_\_\_

*If swimming is allowed in lakes and/or reservoirs, complete aquatic supplement.*

Number of dams: \_\_\_\_\_

*If there are dams, comment on the downstream exposure and attach dam inspector's report with any recommendations/compliance.*

**Pathways**

- Yes  No Walking/jogging
- Yes  No Bicycle
- Yes  No Equestrian
- Yes  No Other: \_\_\_\_\_

**Property Information**

Fully sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	Including attic <input type="checkbox"/> Yes <input type="checkbox"/> No
Partial sprinklered (common areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hard wired smoke/heat detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery smoke/heat detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitored alarm – central station	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standpipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CO2 detectors – hard wired or battery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire protection class	_____	
	For locations in Protection Class 8 or 9, please describe fire suppression plan: _____	
Distance to nearest fire station	_____ miles	
Hydrants on premises	<input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____	
	Distance to closest hydrant? _____	
Water supply		
a. Municipal water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Private well	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Lake/river	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof type	_____ Age updated: _____	
Any ice damming history	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Corrective actions taken: _____	
Siding type	_____	
Wood stoves	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fireplaces	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (list if wood or gas)
Central HVAC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	<input type="checkbox"/> Fuses <input type="checkbox"/> Aluminum wiring <input type="checkbox"/> Circuit breakers <input type="checkbox"/> Solar <input type="checkbox"/> Wind
Heating type	<input type="checkbox"/> Yes <input type="checkbox"/> No Updated: _____
Boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water pipes through exterior walls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe freeze prevention measures	

Is risk located in a wildfire zone?  Yes  No If yes, what is the wildfire zone? \_\_\_\_\_

a. Firewise community?  Yes  No

*If located in wildfire zone, provide copy of wildfire mitigation plans.*

**Safety Program**

Is there a position that oversees a safety program for the operation?  Yes  No

Does the safety program include the following:

- a. Evacuation plan  Yes  No
- b. Emergency response plan  Yes  No
- c. Self-inspection program  Yes  No
- d. Incident investigation  Yes  No

**Subcontractor/Concessionaire Controls**

Is there a subcontractor control policy in place for selecting and managing subcontracted operations?  Yes  No

Are subcontractors required to carry Commercial General Liability coverage at limits of liability to pay potential claims expected from work performed? (minimum limits should be \$1,000,000)  Yes  No

Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better?  Yes  No

Is the association named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy?  Yes  No

Are Hold Harmless clauses signed that hold the association harmless from damages caused by subcontractors during operational activities and/or completed work?  Yes  No

Are records maintained that allow identification of subcontractors used on each project or activity to ensure the ability to identify the sub if a loss occurs?  Yes  No

**Program Special Risks**

**Please complete applicable questionnaire for each operation checked below: If subcontracted no questionnaire needed, but a COI will be required.**

- Aquatics (swimming pools/beaches)  Yes  No  Subcontracted
- Water slides/water parks  Yes  No  Subcontracted
- Fitness center/spa  Yes  No  Subcontracted
- Security/police  Yes  No  Subcontracted
- Restaurant/liquor  Yes  No  Subcontracted

## Destination Resorts & Hotels Comprehensive Profile

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Golf course   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Auto/garage keepers   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Equestrian center   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Tennis courts   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Watercraft/marina   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Day care/nursery  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Concerts/fairs  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Ice skating   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Snow sledding/tubing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Snowmobile tours  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| ATV tours   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| X-C skiing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Guided backpacking/hiking tours   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Shooting/skeet ranges   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Inline skating/skateboarding  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Campground/RV park  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Community center/clubhouse  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Downhill skiing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Mini golf/arcade/amusements   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Mountain biking   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Are any instructional classes provided for any of the activities above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |
| Other: Please list and complete generic form.                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Subcontracted |

_____	_____
_____	_____
_____	_____
_____	_____

### **Hired and Non-Owned Auto Exposures**

Does the Insured have owned vehicles?  Yes  No *(If yes, coverage should be added to primary auto policy)*

#### **Hired Auto**

How often are rental cars used? \_\_\_\_\_

What is the annual cost of hire? \_\_\_\_\_

What are the rental cars used for? \_\_\_\_\_

Are rental vehicles used to transport/shuttle people?  Yes  No

#### **Non-Owned Auto**

How often and for what purpose do employees or volunteers use their own vehicle for the Insured's operations?

\_\_\_\_\_

Is proof of insurance required from those drivers with at least minimum statutory requirements?  Yes  No

Does the Insured pull MVRs on anyone driving vehicles on their behalf?  Yes  No

a. How does the insured monitor this process? \_\_\_\_\_

**Eligible drivers must be 21 years of age or older.**

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**NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON.

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

**NOTICE TO COLORADO APPLICANTS:** 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 AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**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 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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 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.

**NOTICE TO MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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 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 OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 OKLAHOMA APPLICANTS:** WARNING: 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 TENNESSEE, VIRGINIA, AND WASHINGTON 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

## Destination Resorts & Hotels Comprehensive Profile

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

**For Maine Applicants Only:** THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

### Summary

**All submissions require a completed and signed supplemental questionnaire. Prior to consideration by underwriting signatures must be obtained from a company representative.**

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Insured name

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Date

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Insured signature

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Date