



## SUBMISSION REQUIREMENTS

- ## GENERAL INFORMATION

Description of other business:

**PRODUCING INSURANCE AGENT**

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

**PROPERTY SECTION**☐ N/A**Premises Information**

1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? ☐ Yes ☐ No
2. What is the Fire Protection Class of your location? \_\_\_\_\_
3. Distance to fire station? \_\_\_\_\_ Miles
4. Is the responding fire department ☐ staffed or ☐ volunteer
5. Distance to fire hydrant? \_\_\_\_\_ Feet
6. Are there other fire control water sources available?  
☐ Pool ☐ Pond / Lake ☐ Water Tank ☐ Other: \_\_\_\_\_
7. Is your location prone to grass fires and / or forest fires? ☐ Yes ☐ No
8. Are there buildings at your facility with limited access due to forest, terrain or season? ☐ Yes ☐ No
9. Are your buildings located in heavily wooded areas? ☐ Yes ☐ No
10. Is the clearing from forest / wooded areas greater than 150 feet? ☐ Yes ☐ No
11. Is your business operational year round? ☐ Yes ☐ No  
 If no, provide the number of months you are operational? \_\_\_\_\_ Months
12. Does owner / employee live on the premises? Owner ☐ Yes ☐ No  
 Employee ☐ Yes ☐ No
13. Does owner / employee have any pet(s) on the premises? ☐ Yes ☐ No  
 If yes, list type / breed of pet(s): \_\_\_\_\_
14. 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**

1. Is your building sprinklered? ☐ Yes ☐ No
2. Are there smoke alarms in all corridors and bedrooms? ☐ Yes ☐ No  
☐ Battery ☐ Hardwired
3. How many floors does your main building have? \_\_\_\_\_ Floor(s)
4. Do you have emergency lighting in all corridors and bedrooms? ☐ Yes ☐ No
5. Do you have two means of egress from all floors? ☐ Yes ☐ No
6. Building updates:  
 Electrical wiring ☐ Yes, year \_\_\_\_\_ ☐ No, year built \_\_\_\_\_  
 Plumbing ☐ Yes, year \_\_\_\_\_ ☐ No  
 Heating system ☐ Yes, year \_\_\_\_\_ ☐ No
7. Do any buildings have any ACTIVE Knob & Tube and / or Aluminum wiring? ☐ Yes ☐ No  
 If yes, list building numbers: \_\_\_\_\_
8. Do any buildings have cooking facilities? ☐ Yes ☐ No  
 If yes, list building numbers: \_\_\_\_\_
9. Do you have wood burning stoves or fireplaces? ☐ Yes ☐ No  
 If yes, are the chimneys and flues cleaned annually? ☐ Yes ☐ No
10. Do you allow smoking inside any buildings? ☐ Yes ☐ No
11. Do you have power generating equipment? ☐ Yes ☐ No  
 If yes, is it 100% for emergency use only? ☐ Yes ☐ No List the size of each: (in HP & KW) \_\_\_\_\_

**GUEST QUARTERS**

1. Total number of units for guest rentals? \_\_\_\_\_
2. Maximum guest capacity is: \_\_\_\_\_
3. Do you allow pets? ☐ Yes ☐ No
4. Do you have "Do Not Disturb" signs adequately supplied in each room? ☐ Yes ☐ No
5. Are you or your employee present overnight when guests are registered? ☐ 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
Hiking / Nature Tours				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Bike Rentals				\$
Boating				\$
Sea Kayak Tours / Rentals				\$
Water skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Cross Country Skiing				\$
Historic Tours				\$
Day Care / Baby Sitting				\$
Other, describe:				\$

1. Do you require your guests to sign a liability waiver for recreational activities? ☐ Yes ☐ No
2. How many years have you been in business under current name and location? \_\_\_\_\_ Years
3. Do you hire sub-contractors? ☐ Yes ☐ No

**If yes, for what activities:**

If yes, do you obtain proof of insurance? **Please attach certificates.**

☐ Yes ☐ No

4. List safety procedures and / or attach safety guidelines:

### RETAIL OPERATIONS

☐ N/A

1. Do you have retail operations for any of the following?  
☐ General Store      ☐ Gift Shop      ☐ Liquor Store
2. What are your total gross sales from retail operations? \$ \_\_\_\_\_
3. Do you sell any products under your own name (food, snacks, shirts, souvenirs, etc.) ☐ Yes ☐ No
4. What are your total gross sales from retail operations? \$ \_\_\_\_\_

### POOL AND SWIMMING OPERATIONS

☐ N/A

1. How many of each: Pools \_\_\_\_\_ Lakes \_\_\_\_\_ Other: \_\_\_\_\_
2. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide a timetable and action plan:** ☐ Yes ☐ No
3. Are your swimming facilities open to the general public? ☐ Yes ☐ No
4. Fenced? ☐ Yes ☐ No
5. Diving Board? ☐ Yes ☐ No
6. Locking Gate? ☐ Yes ☐ No
7. Is the depth of pool marked? ☐ Yes ☐ No
8. Are life rings or buoys provided? ☐ Yes ☐ No
9. Pool rules posted? ☐ Yes ☐ No
10. Is there signage "No life guard, swim at your own risk, no diving"? ☐ Yes ☐ No
11. Do you have a waterslide? ☐ Yes ☐ No  
 If yes, what is the length & height of slide? Length \_\_\_\_\_ / Height \_\_\_\_\_

### FOOD SERVICE OPERATIONS

☐ N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have an automatic extinguishing system over the cooking surface? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have automatic fuel shut-off to stove?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a maintenance contract to clean your duct system?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have one or more fire extinguishers?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have a service agreement for your extinguishers?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have any deep fat fryers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is the deep fat fryer covered by an automatic extinguishing system?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SERVICE OPERATIONS

☐ N/A

- |   |  |                 |
|---|--|-----------------|
| 1. Do you host any of these events?   |  | Annual Revenues |
| Weddings  | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____        |
| Conferences   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____        |
| Special events, describe:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____        |
|   |  |                 |
| 2. Do you provide the catering at these functions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| 3. Do you provide the liquor at these functions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| If no, do you collect certificates from the caterers that work on your premises?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| 4. Is there a restaurant, bar or lounge on the premises?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| If yes, is it open to the general public?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| 5. What are your liquor sales?  |  | \$ _____        |
| 6. What are your restaurant sales, not including liquor?  |  | \$ _____        |
| 7. What percentage of restaurant and liquor sales is from patrons <b>NOT</b> lodging at the resort? |  | _____ %         |
| 8. What is the restaurant seating capacity? _____   |  |                 |
- If requesting Liquor Liability, you must complete the Liquor Liability Supplemental Application.*

### PERSONAL LIABILITY

☐ N/A

***If requesting Personal Liability you must complete this section.***

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you own any other residences or vacation properties?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have any Personal Liability coverage with the insurance for these properties?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any dogs on this premise?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list breed(s): _____  |                              |                             |
| 4. Is the bed & breakfast on this application your primary residence?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have firearms kept on the premises?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe how / where they are stored:   |                              |                             |
| 6. <b>List all family members / dependents living with you at this location and their ages.</b> |                              |                             |
| Name _____  | Age                          |                             |
| _____   |                              |                             |
| _____   |                              |                             |
| _____   |                              |                             |

### LOSS HISTORY

Date	Description of Incident	Amount Paid / Reserved
		\$ _____
		\$ _____
		\$ _____

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you have knowledge of any incident which may lead to a claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

## WINTER WEATHER FREEZE-UP PROTECTION

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

**1. Fire Protection and Testing**

- a. Is the building provided with an Automatic Fire Sprinkler System (AS)? ☐ Yes ☐ No ☐ N/A
- i. If yes, approximately what percentage (%) of the building is sprinklered? \_\_\_\_\_%
- ii. If yes, what type of sprinkler system is installed? ☐ Wet-Pipe ☐ Dry-Pipe ☐ Both
- iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? ☐ Yes ☐ No ☐ N/A
1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

- 
- iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? ☐ Yes ☐ No ☐ N/A
- v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? ☐ Yes ☐ No ☐ N/A

**2. Emergency Water Response (domestic and AS water lines)**

- a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? ☐ Yes ☐ No ☐ N/A
- b. Are water shutoff valves exercised (closed and reopened) at least annually? ☐ Yes ☐ No ☐ N/A
- c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? ☐ Yes ☐ No ☐ N/A

**3. Automatic Water Shutoff Devices**

- a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? ☐ Yes ☐ No ☐ N/A

**4. Unused/Vacant Spaces**

- a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? ☐ Yes ☐ No ☐ N/A

**5. Unheated Areas (attics, crawl spaces, exterior wall joists)**

- a. Are all domestic water lines located in areas heated to at least 45°F? ☐ Yes ☐ No ☐ N/A
- i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

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**6. General Comments:**

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### **FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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 WHICH 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.

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NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

### **SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

Underwritten by:  
Philadelphia Indemnity Insurance Company

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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

Website: www: \_\_\_\_\_

Nature of Operations: \_\_\_\_\_

1. Annual sales or revenue: \$ \_\_\_\_\_
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? ☐ Yes ☐ No  
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - ☐ a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - ☐ b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - ☐ c. Credit or Debit Card Information
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? ☐ Yes ☐ No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? ☐ Yes ☐ No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? ☐ Yes ☐ No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? ☐ Yes ☐ No

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NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

### SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

**Allen Financial Insurance Group**  
**12424 N 32nd St #101 Phoenix, AZ 85023**  
**800-874-9191 602-992-1570 FAX 602-992-8327**  
**WWW.EQGroup.com ballen@eqgroup.com**