

# T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard  
Treasure Island, FL 33706

## SKI AREA LIABILITY APPLICATION

Name of applicant and Ski Area: \_\_\_\_\_

Location: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other\*

\*If other, please describe \_\_\_\_\_

Policy Period Requested \_\_\_\_\_ to \_\_\_\_\_

# of Years in Business: \_\_\_\_\_

Period of Operation: Year Round ☐ Yes ☐ No Seasonal ☐ Yes ☐ No From \_\_\_\_\_ to \_\_\_\_\_

Hours of Operation: Daytime---From \_\_\_\_\_ to \_\_\_\_\_

Evening---From \_\_\_\_\_ to \_\_\_\_\_

Office Hours: From \_\_\_\_\_ to \_\_\_\_\_

Contact Person: Business Manager \_\_\_\_\_ Telephone \_\_\_\_\_

Engineering \_\_\_\_\_ Telephone \_\_\_\_\_

Accounting \_\_\_\_\_ Telephone \_\_\_\_\_

Number of Ski Runs: \_\_\_\_\_ Vertical Drop 1: \_\_\_\_\_ Vertical Drop 2: \_\_\_\_\_

(Please Attach Brochure and Copy of Expiring Policy)

### SCHEDULE OF OPERATIONS

Ski Lifts ☐ Yes ☐ No

Ski School ☐ Yes ☐ No

Ski Equipment ☐ Yes ☐ No

Snow Boarding ☐ Yes ☐ No

Bar ☐ Yes ☐ No

Restaurant ☐ Yes ☐ No

Hotel/Motel Lodging ☐ Yes ☐ No

Nursery/Day Care ☐ Yes ☐ No

Ski Shop Sales ☐ Yes ☐ No

### Expiring Year

### Prior Year

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Gross Sales \_\_\_\_\_

Other Receipts Not Included Above. Please Describe \_\_\_\_\_

Gross Sales \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Describe Any Summertime Activities \_\_\_\_\_

Gross Sales \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

Prior Year Skier Days (If Available) \_\_\_\_\_

Ski Lifts: (number of each)

Chair Lifts \_\_\_\_\_ 2 Seat \_\_\_\_\_

Rope Tows \_\_\_\_\_ Cable Tows \_\_\_\_\_

Other (List) \_\_\_\_\_ Number \_\_\_\_\_

4 Seat \_\_\_\_\_ T Bar \_\_\_\_\_

Gondolas \_\_\_\_\_ & Capacity \_\_\_\_\_

### ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

Name & Address

Interest

Certificate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR CARRIER & LOSS INFORMATION:** (Please provide a loss statement from your present carrier for the last 3 years. If new operation for period of time in business, also include premium paid for same period).

Year	# of	Total					
From	To	Losses	Paid Losses	Carrier	Premium	Limit	Deductible

For each claim in excess of \$10,000 describe: (attach sheet with further details if necessary)

Do you require signed releases for the following?

1. Ski Clubs

☐ Yes ☐ No
2. Season Ticket Holders

☐ Yes ☐ No
3. Other \_\_\_\_\_

☐ Yes ☐ No
- (Please attach copy of release presently being used)

Are Sub-Contractors Hired? ☐ Yes ☐ No  
(If yes, attach copy of certificate of insurance)

**If Alcoholic Beverages served, please complete the Liquor Liability Supplemental.**  
Is Liquor allowed out of building? ☐ Yes ☐ No

If this is a renewal, please list any changes of Operation!! EXAMPLE: New Building, Additional Ski Runs, Other Operations.

The Following Documents should be attached to this document where applicable:

- Hold Harmless Agreements

☐ Yes ☐ No
- Rental Agreements

☐ Yes ☐ No
- Certificate of Insurance

☐ Yes ☐ No

The following employee information is required:

- Number of full time employees (over 20 hrs / week)

\_\_\_\_\_
- Number of part time employees

\_\_\_\_\_
- Prior year gross payroll

\_\_\_\_\_

**LIMITS OF LIABILITY**

All limits are subject to Company acceptance and approval. There is a combined single limit (CSL) for Bodily Injury and Property Damage.  
Please check coverage limit desired:

- ☐ \$300,000

☐ \$500,000

☐ \$1,000,000
- Occurrence Form ☐ Yes ☐ No

Claims Made Form ☐ Yes ☐ No

DEDUCTIBLE: Bodily Injury Liability and Property \$ \_\_\_\_\_ per claim  
Damage Liability Combined \$ \_\_\_\_\_ per occurrence

**EXCESS COVERAGE**

- ☐ \$1,000,000
- ☐ \$2,000,000
- ☐ Other \$ \_\_\_\_\_

NOTE: Excess coverage will not be quoted unless \$1,000,000 CSL is the selected primary coverage.

I hereby certify that the information provided herein is true and correct. I understand that the application and supplement will become a part of the policy and any misrepresentation of the facts herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed