



*Tom Lawrence  
SIG Agencies  
5 Southside Dr.  
Clifton Park, NY 12065  
518.860.4456  
tlawrence@findsig.com*

**Leisure and Recreational Business Insurance Program**

Date of Application \_\_\_\_\_  
Are You a Member of CCSAA? \_\_\_\_\_  
Are you a member of PAII? \_\_\_\_\_  
Are You a member of Select Registry? \_\_\_\_\_

- 1). Named Insured \_\_\_\_\_
- 2). Mailing Address \_\_\_\_\_
- 3). Location of Operation \_\_\_\_\_
- 4). Type of Operation: Individual\_\_ Partnership\_\_ Corporation\_\_ LLC\_\_ FEIN # \_\_\_\_\_
- 5). Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 6). Fax Number \_\_\_\_\_ email: \_\_\_\_\_
- 7). Web site address \_\_\_\_\_
- 8). Years in Business \_\_\_\_\_ (This named insured) Number of Employees \_\_\_\_\_
- 9). Operations: Year Round\_\_ Seasonal: From \_\_\_\_\_ to \_\_\_\_\_
- 10). Building Address \_\_\_\_\_
- 11). Do you own the building? Yes\_\_ No\_\_
- 12). Construction Type (wood frame, brick/masonry, other) \_\_\_\_\_
- 13). Year Built \_\_\_\_\_ Square feet \_\_\_\_\_ Number of Stories \_\_\_\_\_ Number of Guest Rooms \_\_\_\_\_
- 14). Basement: Full\_\_ Partial\_\_ None\_\_
- 15). Year of last renovations \_\_\_\_\_ Type of renovations \_\_\_\_\_
- 16). Distance to nearest fire hydrant \_\_\_\_\_ Nearest Fire House \_\_\_\_\_ miles
- 17). Distance to nearest water source \_\_\_\_\_ Name of Fire District \_\_\_\_\_

- 18). Type of Burglar Alarm System: None\_\_ Central Station\_\_ Direct\_\_ Local Gong\_\_  
 Central Station System Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- 19). Type of Fire Alarm System: None\_\_ Smoke detectors\_\_ Sprinklers\_\_ Central Station\_\_ Local\_\_  
 Direct\_\_  
 Are smoke detectors hard wired? Yes\_\_ No\_\_
- 20). Building Insurance Limit \$ \_\_\_\_\_ Deductible\$ \_\_\_\_\_
- 21). Contents (Personal Property) Limit \$ \_\_\_\_\_ Deductible\$ \_\_\_\_\_
- 22). Are your Fine Arts, Collectables or Antiques valued over \$10,000? Yes\_\_ No\_\_. If yes, what is  
 their total value? \$ \_\_\_\_\_
- 23). Does your kitchen have a fire suppression system? Yes\_\_ No\_\_ Type \_\_\_\_\_
- 24). Do you have swimming facilities? Yes\_\_ No\_\_ Pool\_\_ Lake\_\_ River\_\_ Other\_\_  
 Is it fenced? Yes\_\_ No\_\_ Lifeguard on duty? Yes\_\_ No\_\_

**Please provide information for any additional buildings on separate paper**

**Previous Carrier Information:**

25).

Property	Carrier	Expiration Date	Annual Premium
General Liability			

26). Gross Income derived from:

Cross Country Usage Fees	_____	Are your instructors PSIA Certified? _____
Mountain Bike Usage Fees	_____	
Nordic Ski Lessons	_____	
Snack Bar	_____	
Restaurant Sales	_____	Average Nightly Rate _____ Occupancy Rate _____
Liquor Sales	_____	
Lodging	_____	
Winter Equipment Rentals	_____	
Bike Rentals	_____	
Guided Tours	_____	
Retail Sales	_____	
Watercraft	_____	
Other (please explain)	_____	

