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Cross Country Ski Areas Association Business Insurance Plan

Date of Application _____

Are you a member of CCSAA? Yes__ No__

1). Named Insured _____

2). Mailing Address _____

email address _____

web site address _____

3). Location of Operations _____

4). Type of Operation: Individual__ Partnership__ Corporation__ LLC__

5). Contact Name _____ Phone Number _____

Fax Number _____ FEIN Number _____

6). Operations: Year Round__ Seasonal: From _____ to _____

7). Years in Business _____ (This named insured)

8). Do you provide guided tours? Yes__ No__

List Guide Information as Follows:

Name Age Years Experience

Name	Age	Years Experience

9). What percentage of your operations are on:

Forest Service Land _____ % Wilderness Acres _____ % Owned or leased
Land _____ %

10). Has the business, owners or partners or principal shareholders ever voluntarily surrendered or had any license refused, suspended or revoked? Yes__ No__

If yes, please

explain _____

11). Please select your Umbrella Limits: \$1,000,000__ \$2,000,000__ \$3,000,000__
Other \$ _____

12). Please provide a list of Additional Insureds (On separate paper)

Property Insurance:

13). Building Address _____

14). Do you own the building Yes__ No__ Basement: Full__ Partial__ None__

15). Construction Type (wood frame, brick, masonry, other) _____

16). Year Built _____ Year of last renovations _____ Type of renovations _____

17). Square feet _____ Number of Stories _____ Number of Guest Rooms _____

18). Distance to nearest Fire Hydrant _____

19). Distance to nearest Fire House (miles) _____ Name of Fire District _____

20). Type of Burglar Alarm System: None__ Central Station__ Direct__ Local Gong__

21). Type of Fire Alarm System: None__ Smoke detectors__ Sprinklers__ Central Station__ Local__

22). Does your kitchen have a fire suppression system? Yes__ No__ Type _____

23). Do you have swimming facilities? Yes__ No__ Pool__ Lake__ River__

Is it fenced? Yes__ No__ Lifeguard on duty? Yes__ No__

24). Building Insurance Limit \$ _____

25). Contents Insurance Limit \$ _____

26). Deductible \$ _____

Please provide information for any additional buildings on separate paper

Please provide separate list of equipment used in operations (snowmobiles, grooming equipment, etc.)
Include year, make, model and value of each piece of equipment to be insured.

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Previous Carrier Information:

27).

Carrier Expiration Date Annual Premium
Property

General Liability

Crime

28). Gross Income derived from:

Cross Country Usage Fees _____

Mountain Bike Usage Fees _____

Nordic Ski Lessons _____

Snack Bar _____

Restaurant _____

Liquor Sales _____

Lodging _____

Winter Equipment Rentals _____

Bike Rentals _____

Guided Tours _____

Retail Sales _____

Other (please explain) _____

29). Do you have an avalanche exposure? Yes__ No __

30). Kilometers trails groomed _____

31). Kilometers un-groomed _____

32). Number of Ski Instructors _____

33). Number of "other" Instructors _____ Please explain activities

34). Are there any motorized vehicles (for other than maintenance or grooming purposes) allowed on trails?

Yes__ No__

35). Do you have a ski patrol? Yes__ No __

36). Is your ski patrol voluntary? Yes__ No __

37). Is the ski patrol certified in first aid? Yes__ No __

38). Is your center affiliated with an alpine ski area? Yes __ No __

Automobile Insurance

39). Please list vehicles to be insured:

Year Make Model Cost New How is it used?

40). Please list drivers:

Name Date of Birth License Number State

41). Please list accidents and violations in last 5 years:

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