



FRAZIER INSURANCE AGENCY, INC.

SPECIALTY BROKERS

Ski & Snowboard Program Insurance Application

Please note

- Complete the application as fully as possible to ensure an accurate quote
- If you have any questions, please contact our offices at (804) 754-7610

Insured's Contact Information

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Ski/Snowboard School/Insured Information

Ski School Name: _____

Director/General Manager: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____

Website (If Available): _____

How many years has the Ski school/club been in operation? _____

General Information

Requested Coverage Dates: From ___/___/___ to ___/___/___

Approximate dates of ski school operation: From ___/___/___ to ___/___/___

What is the location of the school and the ski areas used? _____

Describe your risk management program (clinics, films, etc.):

E-Mail: ifrazier@frazierinsurance.com

Location: 1602 Rolling Hills, Suite 104, Richmond, VA 23229 • 804-754-7610 • Fax: 804-754 7613

Mailing: P.O. Box 1250, Midlothian, VA 23113-1250

Estimated Gross Receipts: \$ _____

Please circle YES or NO

- Do you require skiers/snowboarders (or their parents) to sign waiver/release forms before they take lessons? YES NO
- Do you provide dryland training for your members? YES NO
- Do you utilize an Airbag/Bag Jump for training purposes? YES NO
- Do you do ski/snowboard camps? YES NO
- Do you have a physical presence/operations at another location/ski area? YES NO
- Do you offer Big Mountain/freeskiing in your program? YES NO
- Do you have a Nordic Ski Program? YES NO
- Does the organization hold any non-athletic participant fundraising activities? YES NO

Loss History

Have you had any claims in the past five (5) years? YES NO

If YES, please explain: _____

Inverted Aerial Training/Ski Racing Instruction

Do you offer Inverted Aerial Training? YES NO

Do you have a ski/snowboard racing program? YES NO

How many ski/snowboard instructors/coaches (full and part time) do you have? _____

How many participants/students participate in lessons excluding coaches? _____

Additional Insured (if needed)

Name	
Physical Location/Address	
City	
State/Province	
Zip/Postal Code	
Contact Name	
Phone	
Email	
Type of Business	

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Corporate Information

Do you have a concussion protocol?	YES	NO
Do you have copies of contracts and permits (if applicable)?	YES	NO
Do you have copies of USSS certificates (for Inverted Aerials, if applicable)?	YES	NO
Do you have a written abuse policy in place?	YES	NO
Do you run background checks on all employees and volunteers? *Required	YES	NO
Do you have a formal training program in place for abuse and anti-bullying?	YES	NO

Abuse/Molestation Coverage (Optional) – Please check left box

Higher coverage limits for Abuse/Molestation can be added for an additional premium – Fully earned at inception

	Higher limits NOT REQUIRED (\$50,000/\$100,000 INCLUDED)
	\$100,000/\$500,000
	\$500,000/\$1,000,000
	\$1,000,000/\$1,000,000

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Excess Liability Coverage

Excess Liability Coverage with the following Per Occurrence / Aggregate limits can be added for an additional premium. (Please check left box)

<input type="checkbox"/>	Not Required	Total liability coverage amount \$1M/\$2M
<input type="checkbox"/>	\$1,000,000/\$1,000,000	Total liability coverage amount \$2M/\$3M
<input type="checkbox"/>	\$2,000,000/\$2,000,000	Total liability coverage amount \$3M/\$4M
<input type="checkbox"/>	\$3,000,000/\$3,000,000	Total liability coverage amount \$4M/\$5M
<input type="checkbox"/>	\$4,000,000/\$4,000,000	Total liability coverage amount \$5M/\$6M

Hired/Non Owned Auto Liability Coverage (Optional)

\$1,000,000 Hired/Non Owned Auto Liability Coverage can be added for an additional premium/taxes/fess. (Please check left box)

<input type="checkbox"/>	Not Required	
<input type="checkbox"/>	\$1,000,000	Total Auto liability coverage of \$1M

Questions 1-19 below only apply if Hired/Non Owned Auto Liability Coverage is being requested

1. What is the estimated cost of hire?
2. Federal Employer Identification Number (FEIN): _____
3. Describe fully all operations conducted by you which involve the use of automobile (passenger carrying or otherwise): _____

4. Is a safety belt use policy in place for all passengers?
5. What is the average number of days per week that each vehicle is operated? _____
6. What is the average number of hours per day that each driver drives one or more of the vehicles? _____
7. What percentage of driving is night driving? _____
8. What evidence of auto insurance does your organization required from employees/volunteers using their personal autos? _____

9. Is a bus being chartered? YES NO
10. Are any children being transported in vans or buses? YES NO
11. Are the drivers employees? YES NO
12. Are the drivers volunteers? YES NO
13. Are the drivers parents? YES NO
14. Are the drivers coaches? YES NO
15. Does the applicant have a formal written policy that addresses acceptable business use of personal vehicles? YES NO
16. Does the applicant check MVR's (motor vehicle records) and apply disciplinary procedures for unacceptable MVR's? YES NO
17. Is there a verification procedure for personal auto coverage and personal use reimbursement? YES NO
18. Does the applicant have a driver safety program? YES NO
19. Do employees and/or officers and partners lease or rent autos on the applicant's behalf? YES NO

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Virtual Online Training/Coaches/Instruction (Optional) *Additional Premium

Do you provide virtual online training/coaching/instruction? YES NO

Liquor Liability (Optional)

Are you selling alcohol? YES NO

Will you be using a third party catering service? YES NO

If YES, please answer all of the below questions

- Name on liquor license: _____
- Liquor license number: _____
- Class of license: _____
- Type of facility of event where liquor will be sold: _____
- Number of event days coverage is required opening and closing hours of event(s) opening and closing hours of liquor sales: _____
- Has the applicant's liquor license ever been revoked or suspended? YES NO
- Has applicant incurred claims for liquor liability during the last 3 years? YES NO
- Has any insurer cancelled or non-renewed coverage during the last 3 years? YES NO
- Has applicant ever been fined by an alcoholic beverage control or other governmental regulator? YES NO
- Types of alcoholic beverages sold: _____
- Liquor Sales: \$ _____
- Food Sales: \$ _____
- Are patrons allowed to carry alcoholic beverages on the premises? YES NO
- Do you exercise the right of search and seizure of contraband items? YES NO
- Do you maintain security personnel? YES NO
- Are the alcohol sales and consumption contained within one fixed site? YES NO
- Are booths/stands scattered throughout the event site? YES NO
- Number of servers used? _____
 - # of professionals: _____
 - # of volunteers: _____
- Do the servers receive any type of alcohol awareness training? YES NO
- Explain how ID's are checked: _____

- Are uniformed police officers present at the site of alcohol sales? YES NO
- Are private security present? YES NO
- Are undercover police officers present? YES NO
- Are rules and regulations clearly displayed for patrons viewing? YES NO
- Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? YES NO
- Is there any type of designated driver program? YES NO

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Declaration

To the best of my knowledge and belief all statements made in this Application for Insurance are true. Agreeing electronically to this document does not bind the Applicant to purchase the insurance, but it is agreed that this Application shall be the basis of the contract, should a policy be issued.

In order to complete your application, please indicate your agreement below with a YES.

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