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AUDIT INFORMATION & RENEWAL DISCOVERY QUESTIONNAIRE

1. Insured: _____ dba: _____
2. Master Policy & Certificate Number: _____ - _____
3. Mailing Address: _____
4. Physical Address: _____
5. Contact Person: _____ Contact Person is: Owner Manager Promoter Management
 Other: _____
6. Business Phone: _____ Cell Phone: _____ Fax Number: _____
7. Web Address: _____ E-Mail Address: _____

Business Operations:

8. Audit of period from: _____ to _____
9. Current Coverage Contract Limits: Per Person: _____ Per Accident: _____ Aggregate: _____
 **If you want to change your coverage contract limits for the renewal year, please mark your quote accordingly.
10. Check if you wish to have all current Additional Insureds and Certificate Holders reissued certificates.
 Please indicate any changed information or deletion.
11. Please list the following information about your locations:

| Physical Address | Use | Acreage | Sq. Ft. | Own | Rent | Lease | # of Buildings | Premises Liability Requested | |
|------------------|-----|---------|---------|-----|------|-------|----------------|------------------------------|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Please identify all locations where activities take place by: public lands, privately owned areas, state, national forest, park, etc.:

12. Gross receipts information

| Activity Description | Average Charge Per Day | Actual Annual Gross Receipts Prev. 12 Mo. | Estimates Annual Gross Receipts Next 12 Mo. |
|---------------------------|------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Gross Income | | | |

13. If you have any additional activities that you would like to have covered, please list them here: _____

****NOTE: Activities not listed above will not be covered! All activities need to be listed specifically on your coverage contract in order for them to be covered.**

14. Please verify any and all covered equipment using the attached equipment schedule. If different, please submit new list of equipment to be scheduled to underwriting.

15. Do you utilize Independent Contractors as employees? £ Yes £ No

If yes, how many: _____

16. Do you have any unreported accidents? £ Yes £ No

If yes, please enclose an accident reporting form.

Dated: _____

Signature

Print Name