



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

## SKI RESORTS SUPPLEMENTAL DISCOVERY QUESTIONNAIRE

**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

### General Information

- Applicant (as it would appear on the coverage contract): \_\_\_\_\_
- Doing Business As: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
- Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Ski Resort Information

- Operating hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- What is the elevation of the ski area? Top \_\_\_\_\_ Bottom \_\_\_\_\_
- Do you utilize snowmaking?  Yes  No  
If yes, % of slopes: \_\_\_\_\_% Is it:  Portable or  Fixed?
- What percentage of your slopes are: Advanced \_\_\_\_\_ Intermediate \_\_\_\_\_ Beginner \_\_\_\_\_
- Identify your motorized equipment and provide figures for how many you use:  
\_\_\_\_\_ Snowcats \_\_\_\_\_ 4-wheelers  
\_\_\_\_\_ Snowmobiles \_\_\_\_\_ Other: \_\_\_\_\_
- How many employees in each category?

	Ski School	Ski Patrol	Lifts	Restaurants	Ski Shops	Management
Full-time						
Part-time						

- Are there any independent contractors or concessions operating on your business premises?  Yes  No  
If yes, please list: \_\_\_\_\_
- Have you obtained certificates of Insurance from all independent contractors and concessions?  Yes  No  
If yes, please enclose copies.
- Describe any off-season operations: \_\_\_\_\_
- Do you operate any of the following?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Nordic Ski Center	<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating
<input type="checkbox"/>	<input type="checkbox"/>	Snowmobile Guiding or Rental	<input type="checkbox"/>	<input type="checkbox"/>	Alpine Race Course
<input type="checkbox"/>	<input type="checkbox"/>	Sleigh or Wagon Rides			

- Is the skier responsibility code posted?  Yes  No
- Are trail maps posted and handed out (if yes, enclose a sample)?  Yes  No
- Are lift safety rules posted?  Yes  No
- Are weather and snow conditions posted?  Yes  No

15. Do any of the following sign release of liability statements? Enclose samples of all releases.

- Ski School Students    Ski Equipment Renters    Season Pass Holders    Competitive Participants

**Lift Information**

16. Identify all lifts, and specify if double (db), triple (tp), quad (qd), rope tow (rt), t-bar (tb), j-bar (jb), platter (pt), high speed quad (hq), gondola (gl) or tram (tr). Attach additional sheets if necessary.

Type	Manufacturer	Year Installed	Year Last Inspected

17. Who is your lift maintenance supervisor? \_\_\_\_\_  
 Years of experience: \_\_\_\_\_ Years with your operation: \_\_\_\_\_

18. Do you have your lifts inspected annually by an outside entity?  Yes  No  
 If so, by whom: \_\_\_\_\_

19. Does your lift personnel inspect your lifts regularly and document the inspection?  Yes  No  
 How often? \_\_\_\_\_

20. Do you have a formal training program for lift operators?  Yes  No

**Ski Rental Shop Information**

21. Are ski shop personnel trained and certified to do binding adjustment and maintenance?  Yes  No

22. Do you refuse to adjust older bindings that are not provided indemnification by the manufacturer?  Yes  No

23. Identify all equipment rented and give average charge per rental:

Alpine Skis, Boots	\$	X-C Skis, Boots	\$
Snowboards	\$	Mono Skis	\$
Telemark Skis, Boots	\$	Other:	\$

**Ski Patrol Information**

24. What is the name of the ski patrol director? \_\_\_\_\_  
 Years of experience: \_\_\_\_\_ Years with your operation: \_\_\_\_\_

25. How many patrollers do you have? \_\_\_\_\_ Pro: \_\_\_\_\_% National: \_\_\_\_\_%

26. What is the minimum level of first-aid training required?  CPR  Basic  Advanced  EMT  WEC

27. Do you conduct in-service emergency training for your patrol?  Yes  No

28. Are patrollers trained in accident documentation (if yes, attach a sample form)?  Yes  No

29. Do you do avalanche control work?  Yes  No  
 If yes:

a. Do you have access to avalanche dogs?  Yes  No

- b. Do you have an emergency response plan in the event of a burial?  Yes  No
- c. Does the patrol train regularly for avalanche rescue and is it documented?  Yes  No

**Ski School Information**

30. What is the name of your ski school director? \_\_\_\_\_  
 Years of experience: \_\_\_\_\_ Years with your operation: \_\_\_\_\_

31. How many Instructors? \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time

32. Do instructors have First Aid training?  Yes  No

33. Do you have a race program?  Yes  No

34. Do you have a day care or nursery?  Yes  No  
 If yes,

a. Is it licensed?  Yes  No

b. Are the staff certified?  Yes  No

35. List lift ticket revenues: Total: \$ \_\_\_\_\_

	Price x 1	Annual Skiers	Gross Income	% of Total
Adult	\$	\$	\$	%
Child	\$	\$	\$	%
1/2 Day	\$	\$	\$	%
Season Pass	\$	\$	\$	%
Pass Books	\$	\$	\$	%

36. All other revenue:  
 \_\_\_\_\_ Ski School \_\_\_\_\_ Ski Rental/Repair \_\_\_\_\_ Food Service  
 \_\_\_\_\_ Ski Shop Sales \_\_\_\_\_ Lodging \_\_\_\_\_ Other: \_\_\_\_\_  
 Was this a below average, normal, or above average year? \_\_\_\_\_

37. List all activities requiring Certificates of Insurance or Additional Insured status, including complete name and address as it will appear on the form. Attach others as needed.

Name and Address	Land Owner	Government Agency	Concessions Contracts	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the

event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Applicant:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name