

ResortGuard[®]

Destination Resorts Comprehensive Profile

Please complete this Questionnaire and the separate amenity forms that apply for the exposure activities found at the Destination Resort indicated.

ACCOUNT CHARACTERISTICS

Account Name:
Web Site Address:
E-mail Address:
Type of Management (check one):
<input type="checkbox"/> On Site General Manager
<input type="checkbox"/> Off Site / Management Firm
<input type="checkbox"/> Developer Managed
<input type="checkbox"/> Other:

Contacts for Loss Control Inspection

Location	State	Contact Name	Phone

DEMOGRAPHIC CHARACTERISTICS

Type of Terrain

- Forest
- Open Grassland
- Desert
- Urban
- Within Incorporated City/Township

✓ Check one

High Frequency Risk Zones

- Hurricane / Wind
- Flood - Zone
- Forest Fire
- Earthquake – Zone
- Volcano

Total Number of Rooms:
Number of Floors/Stories:
Number of Elevators:

PHYSICAL CHARACTERISTICS

Total Acres:	acres
Total Square Footage of Hotel:	sq ft

Lakes and Rivers:

Number of Lakes / Reservoirs:
If swimming is allowed in lakes and / or reservoirs, complete aquatic supplement
Number of Dams:
If there are dams comment on the downstream exposure and attach dam inspector's report with any recommendations / compliance

Pathways:

Walking / Jogging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bicycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List:

PROPERTY INFORMATION

Fully Sprinkled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partial Sprinkled (Common Areas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard Wired Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Battery Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stand Pipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Property Located Within a Fire Protection District	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the public protection class?		
Distance to Nearest Fire Station	Miles	
Distance to Closest Hydrant	Feet	
Water Supply:		
Municipal Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Well	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lake/River	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For locations in protection class 8 or 9 please describe fire suppression plan:		

SAFETY PROGRAM

Is there a position that oversees a safety program for the operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the safety program include the following:		
Evacuation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Response Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Inspection Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUBCONTRACTOR / CONCESSIONAIRE CONTROLS

Is there a subcontractor control policy in place for selecting and managing subcontracted operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors required to carry Commercial General Liability coverage at limits of liability to pay potential claims expected from work performed? (minimum limits should \$1,000,000)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the resort named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and / or completed work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are records maintained that allow identification of subcontractors used on each project or activity to ensure the ability to identify the sub if a loss occurs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROGRAM SPECIAL RISKS

Please complete applicable questionnaire for each operation checked below:

Aquatics (swimming pools / beaches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Slides / Water parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fitness Center / Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security / Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Restaurant / Liquor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Golf Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Auto/Garage Keepers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tennis Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Watercraft / Marina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Day Care / Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Concerts / Fairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ice Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snow Sledding / Tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snowmobile Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
X-C Skiing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Guided Backpacking / Hiking Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Shooting Ranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inline Skating / Skateboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Campground	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Center / Club House	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Downhill Skiing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete MountainGuard Application
Other:	(please list and complete generic form)		

SUMMARY

All submissions require a completed and signed supplemental application / questionnaire. Prior to consideration by underwriting signatures must be obtained from a company representative.

X _____ Date

Signature