

Brian Merriam
Merriam Insurance Agency
376 Broadway
Schenectady, NY 12305
877.637.7426 ext. 201
brian@merriaminsurance.com

Leisure and Recreational Business Insurance Program

- Date of Application _____
Are You a Member of CCSAA? _____
Are you a member of PAII? _____
- 1). Named Insured _____
 - 2). Mailing Address _____
 - 3). Location of Operation _____
 - 4). Type of Operation: Individual__ Partnership__ Corporation__ LLC__ FEIN # _____
 - 5). Contact Name: _____ Phone Number: _____
 - 6). Fax Number _____ email: _____
 - 7). Web site address _____
 - 8). Years in Business _____ (This named insured) Number of Employees _____
 - 9). Operations: Year Round__ Seasonal: From _____ to _____
 - 10). Building Address _____
 - 11). Do you own the building? Yes__ No__
 - 12). Construction Type (wood frame, brick/masonry, other) _____
 - 13). Year Built _____ Square feet _____ Number of Stories _____ Number of Guest Rooms _____
 - 14). Basement: Full__ Partial__ None__
 - 15). Year of last renovations _____ Type of renovations _____

- 16). Distance to nearest fire hydrant _____ Nearest Fire House _____ miles
- 17). Distance to nearest water source _____ Name of Fire District _____
- 18). Type of Burglar Alarm System: None__ Central Station__ Direct__ Local Gong__
Central Station System Certificate # _____ Expiration Date _____
- 19). Type of Fire Alarm System: None__ Smoke detectors__ Sprinklers__ Central Station__ Local__
Direct__
Are smoke detectors hard wired? Yes__ No__
- 20). Building Insurance Limit \$ _____ Deductible\$ _____
- 21). Contents (Personal Property) Limit \$ _____ Deductible\$ _____
- 22). Are your Fine Arts, Collectables or Antiques valued over \$10,000? Yes__ No__. If yes, what is their total value? \$ _____
- 23). Does your kitchen have a fire suppression system? Yes__ No__ Type _____
- 24). Do you have swimming facilities? Yes__ No__ Pool__ Lake__ River__ Other__
Is it fenced? Yes__ No__ Lifeguard on duty? Yes__ No__

Please provide information for any additional buildings on separate paper

Previous Carrier Information:

25).

Carrier Expiration Date Annual Premium
Property

General Liability

26). Gross Income derived from:

Cross Country Usage Fees _____
Mountain Bike Usage Fees _____
Nordic Ski Lessons _____ Are your instructors PSIA Certified? _____
Snack Bar _____
Restaurant Sales _____
Liquor Sales _____
Lodging _____ Average Nightly Rate _____
Occupancy Rate _____
Winter Equipment Rentals _____
Bike Rentals _____
Guided Tours _____
Retail Sales _____
Watercraft _____
Other (please explain) _____

Automobile Insurance

25). Please list vehicles to be insured:
Year Make Model Cost New How is it used?

26). Please list drivers:
Name Date of Birth License Number State

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