

APPLICATION FOR REDUCED PAID SKIER DAYS PROTECTION

Applicant: _____

Mailing Address: _____

Effective Date: _____ Expiration Date: _____

Subject of Insurance:

Resort Name: _____

Resort Address: _____

Season Opening Date: _____

Expected Season Closing Date: _____

Amount of Insurance Requested:

- \$5,000,000
- \$10,000,000
- \$15,000,000
- \$20,000,000
- \$25,000,000
- \$OTHER

1. For each of the last 5 years, provide the actual number of "Paid Skier Days" (Total Number of Lift Tickets issued including full day, half day, night, multiple day, adult and child. This should not include season tickets or complimentary tickets).
2. Number of season tickets.
3. Number of complimentary tickets.

4. Resort's policy on issuance of complimentary tickets.
5. Please give detailed explanation for any change in "Paid Skier Days" over 5% from one year to the next over the past 5 years.
6. Show the resort's average dollar value per "Paid Skier Day" for each of the last 5 years. This should include all services providing income to the Ski area (i.e.: lift tickets, restaurant service, rentals, ski lessons....).
7. What are the budgeted "Paid Skier Days" and value per "Paid Skier Day" for the proposed insurance term?
8. What are the total advertising expenditures for each of the last 5 years?
9. What are the budgeted advertising expenditures for the coming year?
10. Describe the capital improvements and expenditures to the Resort in each of the past 3 years.
11. What is included in the budget for the coming year?
12. Describe the plan for increasing "Paid Skier Days", if at certain key dates the actual numbers are below budget
13. What is the present market share and the reasons you see for that changing over the next two years?
14. What percentage of the total skiable acres are covered by snowmaking equipment?
15. What is the Resorts average opening date and average closing date? _____
What have been the opening and closing dates in each of the past five years?
16. What are typically the four busiest weeks of the ski year?
17. List the key feeder airports to the resort.
18. Are there any guarantee arrangements with airlines that they will provided a minimum number of seats to the local airport?
19. What were the number of airline seats available last season? What is the anticipated number for the coming season?
20. A) What insurer currently provides the property insurance including business

- interruption insurance for damage to the ski area's property and equipment?
- 2) What limits are purchased?
21. What percentage of business typically comes from outside the USA?
 22. A) Has there ever been a year where actual paid skier days failed to reach 90% of budget?
2) If so, when and what were the causes?
 23. Provide a copy of the latest Financial Statements.
 24. Are there any situations that you expect could occur this year that would have an impact on "Paid Skier Days - up or down?"

I hereby declare that the statements and particulars made by me on behalf of the Corporation are true and I have not suppressed or misstated any fact. I further declare that I understand that Underwriters in considering this Application, will rely upon the fact that all information contained herein is true and accurate and that this Application shall be the basis of any Policy issued by the Underwriters.

I understand that suppression or misstatement of fact in this Application may render violable any policy issued by Underwriters.

Signature of this application form does not bind the Applicant or the Underwriters to complete the Insurance.

Name and Title: (Please Print): _____

Application must be signed and dated by a corporate officer:

Signature: _____

Print Name: _____

Date: _____

**Remit to: MDM Group Associates
 12129 Forest St.
 Thornton, Colorado 80241
 Or Fax to: 303.252.1313**