

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**Ski Property Supplement**

Applicant's Business Name/Ski Area: \_\_\_\_\_  
 Property Location: \_\_\_\_\_ Distance to fire hydrant? \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Distance to fire station? \_\_\_\_\_  
 County: \_\_\_\_\_ Distance to coastal water (if applicable)? \_\_\_\_\_  
 Policy Period Requested: \_\_\_\_\_ To \_\_\_\_\_ Is risk located inside city limits Yes  No

**I. Schedule of Property**

	Building Construction	Roof Construction	Protective Devices	Occupancy/USE	Building Value	Contents Value	Year Built (Updates?)	Square Footage	# Stories	Open Sides Y/N
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Totals:				_____	_____	_____	_____	_____	_____

Loss Payees/ Mortgagees:	Loc#	Name & Address	Interest	Coverage	(Select one)
	1.	_____	_____	Basic	<input type="checkbox"/>
	2.	_____	_____	Broad	<input type="checkbox"/>
	3.	_____	_____	Special	<input type="checkbox"/> w/theft* <input type="checkbox"/>

\*Theft coverage may not be available for some risks

**II. Lifts & Tows (100% Actual Cash Value)**

Description	Type of Lift T-Bar/Chair	Value A Excl. Terminal	Value B Terminal Building	Deductible:
1. _____	_____	_____	_____	\$1,000 Minimum Or Higher Deductible of _____
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	

**III. Fixed Snowmaking Equipment** *(Pumps & Compressors %100 Replacement Cost)*

	Description	Value
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**IV. Movable Snowmaking Equipment** *(Actual Cash Value)*

	Description	Type	Value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**IV. Miscellaneous Equipment**

Piping (Above Ground Only)	_____
Lights and Towers	_____
Transformers and Electrical Panels	_____
Other (describe)	_____
	_____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed