

**SUPPLEMENTAL INSURANCE APPLICATION FOR GUIDES AND OUTFITTERS**

Desired Effective Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Producer: \_\_\_\_\_

**This is an application for insurance. Completing this application does not make coverage effective. Contact your agent to make your insurance effective.**  
**REQUIRED ATTACHMENTS**  
With your application, please also attach:  
1.) Brochures describing what you do.  
2.) Other insurance applications (such as Acord) for other lines of coverage requested  
3.) A copy of the liability waiver form you require your guests to sign  
4.) A letter signed by the applicant about previous claim activity. If you have had a claim see page five.

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: (Town, State, Zip) \_\_\_\_\_

Insurance Contact Name(s) : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: www. \_\_\_\_\_

Main Location: \_\_\_\_\_

From this location do you also operate other businesses?       Yes       No

If you operate other businesses please include information about them in pages which follow.

Do you operate out of more than one location?       Yes       No

Please record your other location(s) here:

(For multiple locations, use a separate sheet of paper.) \_\_\_\_\_

You set your business up as a:

Partnership       LLC       Individual       Corporation       Other

Please Describe Your Business: \_\_\_\_\_

**What limit(s) of liability are you applying for?**     \$1,000,000     Other : \_\_\_\_\_

**Prior Carrier Information** If you are in Missouri, please leave the premium space blank.

	Insurance Company	Liability Limits	Premium
Current Year	_____	_____	_____
Previous Year	_____	_____	_____
Three Years Ago	_____	_____	_____

**Additional Insured Certificates Requested** (If necessary attach additional sheet)

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you conduct guided activities on land you own?     Yes     No

Do you operate your business year round?     Yes     No

If this answer is "No" please **cross out** those months below **when your business does not operate:**

Jan      Feb      Mar      Apr      May      Jun      Jul      Aug      Sept      Oct      Nov      Dec

**OUTFITTERS AND GUIDES ACTIVITY INFORMATION**

In the upcoming annual policy term what amount of total receipts do you expect?	\$
In your current annual policy term what do expect your total annual receipts to be?	\$

<b>Activities Conducted</b>	<input type="checkbox"/> If applicable	<b>Number of Guides</b>	<b>Number of units (boats, bikes, etc.)</b>	<b>User Days</b>	<b>Receipts</b>
Guided Fishing	<input type="checkbox"/>		XXXXXXXX		
Hunting	<input type="checkbox"/>		XXXXXXXX		
ATV Tours-Guided	<input type="checkbox"/>				
ATV Tours-Unguided	<input type="checkbox"/>	XXXXXXXX			
Snowmobile Tours-Guided	<input type="checkbox"/>				
Snowmobile Tours-Unguided	<input type="checkbox"/>	XXXXXXXX			
Shooting Range	<input type="checkbox"/>	XXXXXXXX			
Lodgings / Cabin Rentals	<input type="checkbox"/>	XXXXXXXX			
Retail Store / Pro Shop	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX	XXXX	
Hiking / Backpacking	<input type="checkbox"/>		XXXXXXXX		
Bike Rentals	<input type="checkbox"/>				
Mountain Bike Riding	<input type="checkbox"/>				
Cycling Tours on Public Roads	<input type="checkbox"/>				
Downhill skiing	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Cross-country skiing	<input type="checkbox"/>		XXXXXXXX		
Dogsled Tours	<input type="checkbox"/>				
Snowshoeing	<input type="checkbox"/>		XXXXXXXX		
Jet ski/waverunner activities	<input type="checkbox"/>	XXXXXXXX			
Jeep Tours or Airborne Tours	<input type="checkbox"/>				
Boating	<input type="checkbox"/>				
Freshwater Tubing	<input type="checkbox"/>				
Kayak Tours / Rentals	<input type="checkbox"/>				
Scuba Diving	<input type="checkbox"/>		XXXXXXXX		
Waterskiing	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Whitewater Rafting	<input type="checkbox"/>				
Paintball Activities	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Survival training, "Boot camp," rehab, or other social service activity	<input type="checkbox"/>		XXXXXXXX		
Conducted operations outside the United States	<input type="checkbox"/>		XXXXXXXX		
Climbing wall	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Rock climbing	<input type="checkbox"/>		XXXXXXXX		
Horseback Riding	<input type="checkbox"/>				
Hayrides, sleighrides, Wagon rides	<input type="checkbox"/>				
Youth Camps or Programs	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Other – please describe	<input type="checkbox"/>				

Do you require every guest to sign a waiver?  Yes  No  
 Do you require guests to complete a health and physical fitness form?  Yes  No  
 Do you have a webpage or a brochure?  Webpage Yes  Brochure Yes  
 How long have you been in business? \_\_\_\_\_  
 If your business is less than 3 years old, how many years of prior experience do you have? \_\_\_\_\_

Do you hire other guide firms as sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer above is Yes, what activities do you sub-out? _____ If you hire other firms as sub-contractors, do you require proof of insurance from them? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you sub-contract work, please list the sub-contractor firms below:

**Guide Information** Please list below the guides who work for you

Name	Age	Years Experience	Credentials including First Aid Qualifications

What percentage of your guides are employees versus independent contractors?  
 \_\_\_\_\_%Employees      \_\_\_\_\_%Independent Contractors

Do you operate a guide apprentice type of program before adding a candidate guide to your team?    \_\_ Yes      \_\_No

What type of background checks do you perform before adding a candidate guide to your team?     MVR check     Drug Testing      Other :  \_\_\_\_\_

**Lodging Information**      Check here if you do not provide Lodging ⇒  Not Applicable

Do all guest units contain smoke alarms?      \_\_ Yes      \_\_No

Total number of units for guest rental      [ \_\_\_\_\_ ]

Maximum guest capacity?      [ \_\_\_\_\_ ]

Do you operate a restaurant on the premises?      \_\_ Yes      \_\_No      If " Yes" do you sell or provide beer, wine, or liquor to guests?      \_\_ Yes      \_\_No

Do you have swimming? Check all that apply:  Swimming pool - yes     Swimming area - yes     No Swimming

If you have swimming, do you have a diving board?      \_\_ Yes      \_\_No

If you have a swimming pool, is it entirely fenced with a self-closing gate?      \_\_ Yes      \_\_No

RV Parks and Campgrounds: How many RV sites [ \_\_\_\_\_ ] and campsites [ \_\_\_\_\_ ] do you have available?

**Store Information**      Check here if you do not operate a Store ⇒  Not Applicable

Total Sales from your store operations?      [ \_\_\_\_\_ ]

Are you licensed to sell firearms and ammunition?      \_\_ Yes      \_\_No

What types of products or services do you sell?      Please check off those which apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Store                     | <input type="checkbox"/> Ski Equipment Sales  | <input type="checkbox"/> Fishing Equipment Sales          |
| <input type="checkbox"/> Package Beer, Wine, Liquor        | <input type="checkbox"/> Ski Equipment Rental | <input type="checkbox"/> Fishing Equipment Rental         |
| <input type="checkbox"/> Archery Equipment Sales or Rental | <input type="checkbox"/> Tree Stand Sales     | <input type="checkbox"/> Tree Stand Rental                |
| <input type="checkbox"/> New Gun Sales                     | <input type="checkbox"/> Used Gun Sales       | <input type="checkbox"/> Gunsmithing, Repair/ Restoration |
| <input type="checkbox"/> New Ammo Sales                    | <input type="checkbox"/> Reloaded Ammo Sales  | <input type="checkbox"/> Other Describe _____             |

**Hunting Information**      Check here if you do not engage in hunting ⇒  Not Applicable

What percentage of your hunting operations are unguided?      [ \_\_\_\_\_ ] %

What type of game is hunted?

Deer     Elk     Bear     Turkey     Waterfowl     Upland Birds     Hogs     Other Describe \_\_\_\_\_

What is your maximum guide to hunter ratio?    [ \_\_\_\_\_ ] Guides to [ \_\_\_\_\_ ] hunters

Maximum number of hunters in any one trip?      [ \_\_\_\_\_ ]

Do you operate drop camps?      \_\_ Yes      \_\_No

Do your drop camps include livestock?      \_\_ Yes      \_\_No

Are tree stands or other elevated stands used?      \_\_ Yes      \_\_No      If yes, are safety harnesses required?      \_\_ Yes      \_\_No      Do you furnish or sell safety harnesses?      \_\_ Yes      \_\_No

**HUNTER TRANSPORTATION**

Below please check off how you transport hunters and how many of each type you use.

<input type="checkbox"/> ATVs How many? _____ Are helmets required?    __ Yes    __No	<input type="checkbox"/> Horses How many? _____	<input type="checkbox"/> Snowmobiles How many? _____ Are helmets required?    __ Yes    __No	<input type="checkbox"/> Boats How many? _____	<input type="checkbox"/> Other - Describe How many? _____
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**Bicycle Information**      Check here if you do not engage in bicycling ⇒  Not Applicable

On tours what is your maximum number of bicyclists? _____	Maximum number of tours on any day? _____ Number of guides on a tour? _____
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If you offer pony rides, please check below all which apply:

⇒  Not Applicable

- Trail Rides
- Riding Ring
- Hand Lead
- Other-Describe:

Check off or list below reasons which would cause you to prohibit someone from riding a horse?

- Weight
- Poor Health
- Age
- Other-Describe:
- Pregnancy
- Alcohol or Drug use
- Weight

Of the horses on your property

How many belong to your family?  and how many are boarded for a fee?

Below, please check those activities which you teach or allow your guests to participate in:

⇒  Not Applicable

- Dressage
- Cattle Drives
- Hay Rides
- Inoculations
- Horse Racing
- Barrel Racing
- Cattle Roping
- Sleigh Rides
- Handling Livestock
- Horse Jumping
- Team Penning
- Cattle Branding
- Buckboard / Buggy Rides
- Other-Describe

Do you allow guests to handle, rope, or brand livestock?  Yes  No

If you conduct cattle drives, please answer these questions below:

Maximum Distance:  Maximum Duration

Maximum number of wranglers  in ratio to guests:

If your business conducts Rodeos/Gymkanas, what types of activities do you allow your guests to participate in?

### Prior Loss Information

Date of Loss	Description of Incident	Amount Paid / Reserved
		\$
		\$

Are you aware of any incident not shown above, which may lead to a claim?  Yes  No

If Yes, please describe:

### Other Business Pursuits

Do you have other business pursuits for which coverage is not requested here?  Yes  No

If Yes, please describe:

### FRAUD WARNINGS

#### COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

#### MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

