



OUTFITTERS & GUIDES APPLICATION

Named Insured as it is to appear on policy: _____

Doing business as: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number (_____) _____ Fax number(_____) _____

E-mail address: _____

Web site address: _____

Description of operation/location: _____

Address(s) of actual operation: _____

City: _____ State: _____ Zip: _____

Does Insured: ☐ Own ☐ Lease premises

Owner of premises: _____

Address: _____

Named Insured Tax ID/FEIN number: _____

Type of business entity (Corporation, LLC, etc): _____

Have the business owners, partners, or principal shareholders ever had an outfitter's license refused, revoked, suspended, or voluntarily surrendered? ☐ Yes ☐ No

If yes, please explain: _____

Names of all partners or officers of corporation: _____

Proposed effective date: _____

Length of operational season: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION. ALL OPERATIONS MUST BE DECLARED. INCOMPLETE SUBMISSIONS MAY DELAY OR PREVENT PROCESSING:

- ☐ Applicable Additional Information Form(s).
- ☐ Completed Fraud Warning. (attached)
- ☐ Copies of Waiver/Release forms. See attached sample waiver.
- ☐ Signed applicable Minimum Underwriting Guidelines. (attached)
- ☐ Five years of currently valued loss history.
- ☐ Schedule of Additional Insured(s).
- ☐ Resume of owner (if applicant is a new venture).
- ☐ Certificates of Insurance for all subcontractors.
- ☐ Appropriate ACORD Forms as a separate request.

GENERAL UNDERWRITING INFORMATION

Length of time in business at this location:_____ years

Total management relevant experience in this type of business:_____ years

Associations of which the insured is a member:_____

1. Are all participants and a parent/legal guardian for minors (where applicable) required to sign an individual waiver/lease form? ☐ Yes ☐ No
Does waiver include release, indemnify, hold harmless language? ☐ Yes ☐ No
2. Are waiver/release forms kept on file for a minimum of seven years? ☐ Yes ☐ No
3. How often do guides and staff receive a review in the proper use of equipment and related safety procedures?_____
4. Describe regular maintenance schedule for equipment, documentation, responsibility, etc._____
5. What emergency equipment do you carry? (Radios, Flares, First Aid kits, etc.)_____
6. Do you host overnight trips with children 18 & under? ☐ Yes ☐ No
7. Do you host or sponsor events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? ☐ Yes ☐ No
Do you plan to sponsor, hold or otherwise be involved in any type of event, other than participation in demonstration days or trade shows? ☐ Yes ☐ No
If yes, please describe:_____ Date of event:_____/_____/_____
If yes, is this event covered elsewhere? ☐ Yes ☐ No
8. Do you lease or contract your property for events such as mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? ☐ Yes ☐ No
If yes, do you require a Certificate of Insurance naming you as an Additional Insured? ☐ Yes ☐ No
Are minimum Liability Limits required? ☐ Yes ☐ No
Do you require coverage to be shown for both General Liability and for Participant Legal Liability? ☐ Yes ☐ No
9. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? ☐ Yes ☐ No
10. Do you provide car rack installation or alter vehicles in any way? ☐ Yes ☐ No
11. Do you own a trailer and operate it for your business? ☐ Yes ☐ No
If yes, is it covered by a Business Auto policy? ☐ Yes ☐ No
Trailers are not covered under this program.
12. Do you have/use a Tryolean Traverse? ☐ Yes ☐ No

13. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? ☐ Yes ☐ No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving:* www.alertdriving.com
- *National Safety Council:* www.nsc.org
- *Smith System Training:* www.smith-system.com

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

ANNUAL REVENUE & SALES INFORMATION Total Revenue from all Operations \$ _____

Demonstrations & Clinics	\$ _____	# Fishing/Hunting Club Member	\$ _____	# of Ropes Course/Zip Line/ Canopy Tour Participants	_____
Flatwater	\$ _____	Guided Bicycling/Mountain Bicycling	\$ _____	# of Climbing Wall Participants	_____
Guided Class I, II, or III Rivers	\$ _____	Guided Cross Country/ Back Country Skiing	\$ _____	Hiking/Backpacking, and Camping	\$ _____
Guided Class IV or V Rivers	\$ _____	Trap/Skeet/Archery	\$ _____	Camp/Picnic Grounds	\$ _____
Shoreline Sailing	\$ _____	Bicycle Rentals	\$ _____	Misc. Equipment Rental (Excluding Non-Motorized Watercraft)	\$ _____
Surfing Instruction	\$ _____	Guided Rock/Ice Climbing/Mountaineering	\$ _____	Retail Sales	\$ _____
Snorkeling	\$ _____	Indoor Climbing Walls	\$ _____	Food/Non-Alcoholic Beverage Sales	\$ _____
Non-Motorized Watercraft Rentals (Canoe, Kayak, Tube, Paddleboard, SUP)	\$ _____	Mobile Climbing Walls	\$ _____	Liquor Sales	\$ _____
Guided & Non-Guided Fishing Trips	\$ _____	Climbing Competitions	\$ _____		
Guided & Non-Guided Hunting Trips	\$ _____	Ropes Course/Zip Line /Canopy Tour	\$ _____		

Please list number of each:

Lodges	_____	ATV/UTV	_____
Cabins	_____	Pistol Ranges	_____
Swimming Pools	_____	Trap/Skeet/Archery Ranges	_____
Fishing Ponds	_____	Zip Lines/Canopy	_____
Hot Tubs/Saunas	_____	Mobile Climbing Walls	_____
Snowmobiles	_____	Boats with motor	_____
Athletic Courts	_____	Boats without motor	_____

- Do guest sleeping areas have smoke alarms? ☐ Yes ☐ No
- If meals are served, are appropriate food handling and sanitation procedures followed? ☐ Yes ☐ No
- Are pool areas enclosed by a fence? ☐ Yes ☐ No
- Are lifesaving devices positioned by the pool? ☐ Yes ☐ No

HUNTING & FISHING ADDITIONAL INFORMATION - ☐ CHECK IF NO EXPOSURES EXIST

1. What percentage of your hunting is non-guided? _____%
2. What type(s) of terrain does the hunting take place on? _____
3. Are minors permitted to hunt? ☐ Yes ☐ No
 - a. If yes, what percentage of the overall operation is youth orientated? _____%
 - b. If yes, what is the minimum allowed age? _____ years
 - c. If yes, are parents/guardians required to be present? ☐ Yes ☐ No
4. What type(s) of game are being hunted? _____
5. Are tree stands used? ☐ Yes ☐ No
 - a. If yes, how often are they maintained? _____
 - b. If yes, are harnesses required? ☐ Yes ☐ No
6. Are any of the following used to transport hunters, equipment, or game? ☐ Yes ☐ No
If yes, how many?
Horses: _____
Snowmobiles: _____
ATVs: _____
Other (please describe): _____
7. Do you employ anyone younger than 18 years of age? ☐ Yes ☐ No
 - a. If yes, please explain their duties. _____
8. Where are fishing trips conducted (lakes, rivers, ocean, etc)? _____
9. Are boats used? ☐ Yes ☐ No
 - a. If yes, are they motorized? ☐ Yes ☐ No
 - b. If yes, please provide the horsepower, length, and person capacity of each boat. (Boats over 250 HP are ineligible for coverage under this program. _____

WATERCRAFT ADDITIONAL INFORMATION - ☐ CHECK IF NO EXPOSURES EXIST

1. What rivers or lakes do you operate on? (Types are: Motor, non-motor)

NAME/DESCRIPTION	CLASS 1-5	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. All boats, rafts, canoes, kayaks, etc. used, including length, person capacity, motor size.
(Attach a separate sheet if necessary.) _____
3. Do you employ anyone younger than 21 years of age? ☐ Yes ☐ No
If yes, please explain all duties: _____

Attach a list of supplies and equipment used.
4. Do you rent any equipment? ☐ Yes ☐ No
If yes, please explain: _____

GUIDE INFORMATION

Please detail the experience of all guides. Use additional sheets as necessary.

Name	Years of Experience	Age	Lead Guide		Basic Certified CPR		Advanced First Aid & Training		State First Aid Guide		
			Yes	No	Yes	No	Yes	No	Yes	No	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Have any of the guides you employ or subcontract ever been involved in an incident which resulted in serious injury or death?
If yes, please describe. _____
☐ Yes ☐ No
2. In the past five years, have you or any of your staff (employees, volunteers, subcontractors, etc.) had any infractions, fines, or citations from any applicable authority (Parks Service, Forest Service, City, State, etc.)? This includes but is not limited to having you or a staff member's license(s) suspended or revoked.
If yes, please describe. _____
☐ Yes ☐ No
3. Please check all of the following guide certifications that apply:
____ EMT ____ Wilderness Training ____ AMGA ____ Swift Water Rescue Training Other _____
Please describe other applicable training/certifications: _____
4. Are the guides licensed for Guiding/Outfitting by the applicable authority?
If no, why not? _____
☐ Yes ☐ No
5. Please describe the training guides receive: _____

MUST BE ANSWERED IN FULL

Apart from the operations mentioned on this application, are there any other operations conducted on the same premises?
Including gross receipts, please describe: _____
☐ Yes ☐ No

Previous Carrier Information:

If any losses, give approximate dates and explanation of loss

COMPANY	POLICY NUMBER	PERIOD	PREMIUM	NO. OF CLAIMS	LOSSES

Were you cancelled or was insurance denied in last four years?
If yes, please explain. _____
☐ Yes ☐ No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature _____

Producer's Signature (if applicable) _____

Applicant's Name (print) _____

Producer's Name (print) _____

(MM/DD/YY) _____

(MM/DD/YY) _____