

# Outfitter and Guide Application

This is an application for insurance. This is not a binder of insurance.

## SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

## GENERAL INFORMATION

Named Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Principal Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address (Important): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Type: Corporation Partnership Individual LLC Other: \_\_\_\_\_  
Limit of Liability requested: \$300,000 Occurrence \$500,000 Occurrence \$1,000,000 Occurrence

1. Do you operate any other business from this location? *List information below for each business and use a separate sheet to list information, if necessary.* Yes No

If yes, type of entity: Corporation Partnership Individual LLC Other: \_\_\_\_\_  
Description of business: \_\_\_\_\_

## PRIOR CARRIER INFORMATION

|                 | Insurance Carrier | Limits of Liability | Premium |
|-----------------|-------------------|---------------------|---------|
| Last Year       |                   |                     |         |
| Two Years Ago   |                   |                     |         |
| Three Years Ago |                   |                     |         |

## ADDITIONAL INSURED *If necessary use another form.*

| Name | Complete Address | Interest |
|------|------------------|----------|
|      |                  |          |
|      |                  |          |
|      |                  |          |

## PRODUCING INSURANCE AGENT

Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ACTIVITY INFORMATION

Actual Total Receipts for Prior 12 Months:

Estimated Total Receipts for Next 12 Months:

| Activities Conducted             | # of Guides | # of Units | User Days | Revenues – \$ |
|----------------------------------|-------------|------------|-----------|---------------|
| Guided Fishing                   |             |            |           |               |
| Hunting                          |             |            |           |               |
| Shooting Range – Rifle or Pistol |             |            |           |               |
| Hiking / Backpacking             |             |            |           |               |
| Horseback Riding                 |             |            |           |               |
| Hay, Sleigh or Wagon Rides       |             |            |           |               |
| Lodging / Cabin Rentals          |             |            |           |               |
| Retail Store                     |             |            |           |               |
| Bike Rentals                     |             |            |           |               |
| Mountain Bike Riding             |             |            |           |               |
| Road Cycling                     |             |            |           |               |
| Boating                          |             |            |           |               |
| Jet Skis or Wave Runners         |             |            |           |               |
| River Tubing                     |             |            |           |               |
| Sea Kayak Tours / Rentals        |             |            |           |               |
| Waterskiing                      |             |            |           |               |
| Whitewater Rafting               |             |            |           |               |
| SCUBA Diving                     |             |            |           |               |
| Cross Country Skiing             |             |            |           |               |
| Dog Sled Tours                   |             |            |           |               |
| Downhill Skiing                  |             |            |           |               |
| Snowshoeing                      |             |            |           |               |
| ATV – Guided                     |             |            |           |               |
| ATV – Unguided                   |             |            |           |               |
| Snowmobiles – Guided             |             |            |           |               |
| Snowmobiles – Unguided           |             |            |           |               |
| Climbing Wall                    |             |            |           |               |
| Rock Climbing                    |             |            |           |               |
| Paintball                        |             |            |           |               |
| Youth Camps or Programs          |             |            |           |               |
| Other, Describe:                 |             |            |           |               |

**OPERATIONS INFORMATION**

- 1. Do you require guests to sign a liability waiver? Yes No
- 2. How long are signed liability waivers kept on file? \_\_\_\_\_ years. Paper copies?  Yes  No Electronic methods?  Yes  No
- 3. Do you require guests to complete a health & physical fitness form? Yes No
- 4. How many years have you been in business?
- 5. If you are a new venture, how many years of prior experience?
- 6. Are any operations conducted outside of the United States? Yes No
- 7. Do you hire guides as sub-contractors? Yes No  
 If yes, for what activities?  
 If yes, do you obtain proof of insurance? Yes No
- 8. Is your business operational year round? Yes No  
 If no, number of months you are operational?

**GUIDE INFORMATION**

| Name | Age | Years Experience | First Aid Qualifications |
|------|-----|------------------|--------------------------|
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |
|      |     |                  |                          |

**LODGING SECTION – GUEST QUARTERS** **N/A**

- 1. Total number of units for guest rental?
- 2. Number of RV spaces: \_\_\_\_\_ Tent sites: \_\_\_\_\_
- 3. Maximum guest capacity is:
- 4. Do all cabins / units have smoke alarms? Yes No
- 5. Do you have a swimming pool or swimming area? Yes No  
 If yes, do you have a diving board? Yes No
- 6. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No  
 If no, provide time table and action plan:

**RETAIL OPERATIONS** **N/A**

1. Do you have retail operations for any of the following?
 

|               |                      |                          |
|---------------|----------------------|--------------------------|
| General Store | Ski Equipment Sales  | Fishing Equipment Sales  |
| Liquor Store  | Ski Equipment Rental | Fishing Equipment Rental |
| Gun Sales     | Restaurant           |                          |
2. What are your total gross sales from retail operations?

**HUNTING SECTION** **N/A**

1. What is the maximum guide to guest ratio?                      Guides to                      Guests
2. What is the maximum number of hunters at any one time?
3. Do you operate drop camps? Yes      No
4. Is livestock provided with drop camps? Yes      No
5. What percentage of your hunting operations are unguided? %
6. What type of game is being hunted?
 

|           |              |         |                  |        |
|-----------|--------------|---------|------------------|--------|
| Elk       | Deer         | Exotics | Bear             | Turkey |
| Waterfowl | Upland Birds | Hogs    | Other, describe: |        |
7. Are tree stands used? Yes      No  
 If yes, are safety harnesses required? Yes      No
8. Do you use any of the following to transport hunters? Yes      No  
 If yes, how many?
 

|        |             |                           |
|--------|-------------|---------------------------|
| Horses | Boats       |                           |
| ATVs   | Snowmobiles | Other Unlicensed Vehicles |
9. If ATVs and/or snowmobiles are used, are helmets required while riding? Yes      No

**BICYCLE SECTION** **N/A**

1. Maximum number of cyclists on a tour?
2. Maximum number of tours operating on the same day?
3. Number of guides on a tour?
4. Are helmets required? Yes      No
5. What is the percentage of tours operated: Off Road                      % vs. on Roadways                      %
6. Do you pre-screen guests to determine ability prior to riding? Yes      No
7. Do guides carry any communication device with them? (2-way radio, cell phone, etc.) Yes      No  
 If yes, what type?

**WATERCRAFT LIABILITY SECTION** **N/A**

**Boat Schedule** *If necessary use another sheet of paper.*

| Year | Make and Model | Length | Horsepower | OB/IB/IO | # Passengers | Guided |
|------|----------------|--------|------------|----------|--------------|--------|
|      |                |        |            |          |              |        |
|      |                |        |            |          |              |        |
|      |                |        |            |          |              |        |
|      |                |        |            |          |              |        |
|      |                |        |            |          |              |        |

**WATERCRAFT GENERAL INFORMATION** **N/A**

- What type of operation do you have? Boat Rentals Fishing Trips Tube or Canoe Rentals Hunting  
Other:
- On what bodies of water does use take place? Rivers Lakes Ocean Bays / Inlets  
If rivers, what classes are boated: Class I Class II Class III Class IV Class V
- Are life vests (PFD's) required? Yes No
- Are life vests (PFD's) provided? Yes No

**CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION** **N/A**

| Boat Type | Maximum Number Used | Average Number Used |
|-----------|---------------------|---------------------|
| Canoes    |                     |                     |
| Kayaks    |                     |                     |
| Tubes     |                     |                     |

- What percent of your operations are unguided?
- Number of guides?

**EQUINE SECTION** **N/A**

- Total number of horses available for guest riding?
- Maximum number of horses in use for guest riding at any one time?
- Average number of horses in use for guest riding at any one time?
- What is the youngest rider you will allow on a horse?
- Do you offer use of helmets? Yes No
- Do you ever allow double riding? Yes No
- What percentage of your guests ride: Western % vs. English saddle? %
- What percentage of your horse operations are: Unguided % vs. guided? %
- What is the maximum guide to guest ratio? Guides to Guests
- Do you operate pony rides? Yes No  
If yes: Trail Ride Riding Ring Hand Led Other (describe):

## GUEST & SAFETY INFORMATION

1. Do you require guests to complete a physical fitness information form prior to riding? Yes    No
2. Do you pre-screen guest riders and determine ability prior to riding? Yes    No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.)? Yes    No
4. Do you conduct a pre-ride safety briefing with guests? Yes    No
5. Do you provide a written safety manual of procedures to all staff members? *If yes, provide a copy.* Yes    No
6. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):
  
7. Do you board horses for a fee? Yes    No  
 If yes, how many?
8. Do you teach or allow your guest to participate in:
 

|               |                 |                    |               |                         |
|---------------|-----------------|--------------------|---------------|-------------------------|
| Dressage      | Cattle Drives   | Inoculations       | Horse Jumping | Team Penning            |
| Sleigh Rides  | Horse Racing    | Roping Cattle      | Hay Rides     | Buckboard / Buggy Rides |
| Barrel Racing | Branding Cattle | Handling Livestock |               |                         |
9. Are guests allowed to handle, rope or brand livestock? Yes    No
10. If you conduct cattle drives, what is the number of  
 Wranglers:                      to Riders:                      Max Duration:                      Max Distance:
11. If your ranch conducts a Rodeo/Gymkhana, describe what activities your guests may participate in:

## LOSS HISTORY

| Date | Description of Incident | Amount Paid/Reserved |
|------|-------------------------|----------------------|
|      |                         | \$                   |
|      |                         | \$                   |
|      |                         | \$                   |

1. Do you have knowledge of any incident which may lead to a claim? Yes    No  
 If yes, please describe:

### Fraud Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ., CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ., DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY COMPANY\* IN QUOTING AND ISSUING THE POLICY. IF ANY OF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY MODIFY OR WITHDRAW THE QUOTE OR BINDER.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Must be signed by the president, chairman, CEO or executive officer.*

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Produced By: *Section to be completed by producer/broker.*

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

Producer License Number: \_\_\_\_\_ Agency Taxpayer ID or SS Number: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_