

To submit completed application:

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Guides & Outfitters Application

Please fully complete application and return for a quote

Named Insured		Tax ID#		
Contact Name		Desired Effective Date		
Mailing Address				
Location address (if different)				
Telephone Work/Home		Cell Phone		
List any Forestry Association Memberships				
Website		Fax		
Email address				
Business Form		☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other		
Limits of Liability				
Limit of Liability Desired ☐ \$1,000,000 Occurrence / \$2,000,000 Aggregate		Damage to Rented Premises ☐ None ☐ \$100,000		
Operations Information				
1. Is a liability waiver or hold harmless agreement signed by each guest and kept on file? See** below			☐ Yes ☐ No	
2. Do you have a brochure or web page? If yes, please provide.			☐ Yes ☐ No	
3. How many years have you been in business?			Years	
4. If you are a new venture, how many years of prior experience?			Years	
5. Are any operations conducted outside of the United States?			☐ Yes ☐ No	
6. Do you hire guides as subcontractors?			☐ Yes ☐ No	
If yes, what is the cost of hire? _____				
If yes, do you obtain proof of insurance?			☐ Yes ☐ No	
7. Do you use any of the following to transport participants? If so, how many of each?				
ATV's		Boats		
Horses		Other Unlicensed Vehicles		
Snowmobiles				
If ATV's and/or Snowmobiles are used, are helmets required while riding?			☐ Yes ☐ No	
Are guests allowed to use their own ATV's?			☐ Yes ☐ No	
List safety procedures and/or attach safety guidelines				
Guided Activities				
Activities Conducted	# of Guides	# of Items	# of Days Used	Receipts
ATV Rental				
Bike Rentals				
Boating				
Cycling				
Dog Sled Tours				
Guided Fishing				
Hay, Sleigh or Wagon Rides				
Hiking / Backpacking				
Horseback Riding				
Hunting				
Lodging / Cabin Rentals				
Mountain Bike Riding				
Retail Store				

Guided Activities (cont'd)					
Activities Conducted	# of Guides	# of Items	# of Days Used	Receipts	
Shooting Range – Rifle or Pistol					
Snowmobile Rental					
Youth Camps or Programs					
Whitewater Rafting					
Other (describe)					
Annual totals from activities listed above					

Guide Information					
Name	Age	Yrs Exp.	First Aid Qualifications	Full Time	Part Time
				☐	☐
				☐	☐
				☐	☐

Lodging Section ☐ N/A	
Total Number of Lodges? _____	Number of Stories? _____
Total combined square footage? _____	
Do all units have smoke alarms? ☐ Yes ☐ No	Sprinkler System? ☐ Yes ☐ No
Do you have a swimming pool? ☐ Yes ☐ No	Do you have a diving board? ☐ Yes ☐ No
Is there a lake or pond? ☐ Yes ☐ No	

Retail Operations ☐ N/A	
Do you have retail operations for any of the following? (check all that apply)	
☐ General Store	☐ Ski Equipment Sales
☐ Liquor Store	☐ Ski Equipment Rental
☐ Gun Sales	☐ Restaurant
What are your total Gross Sales from retail operations? \$ _____	

Hunting Section ☐ N/A	
What is the maximum guide to guest ratio? _____	Guide(s) to _____ Guest(s)
What is the maximum number of hunters at any one time? _____	
Do you operate drop camps? ☐ Yes ☐ No	
What percentage of your hunting operations are unguided? _____ %	
What type of game is hunted? ☐ Elk ☐ Deer ☐ Exotics ☐ Bear ☐ Turkey ☐ Waterfowl ☐ Hogs	
☐ Upland Birds ☐ Other, please describe _____	
Are tree stands used? ☐ Yes ☐ No	If yes, are safety harnesses required? ☐ Yes ☐ No

Bicycle Section ☐ N/A	
Maximum number of cyclists on a tour? _____	Number of guides on a tour? _____
Maximum number of tours operating on the same day? _____	
Are helmets required? ☐ Yes ☐ No	
What is the percentage of tours operated? _____ % Off Road _____ % On Roadways	
Do you pre-screen guests to determine ability prior to riding? ☐ Yes ☐ No	
Do guides carry a communication device (2-way radio, cell phone, etc)? ☐ Yes ☐ No	
If yes, what type? _____	

Watercraft Liability Section ☐ N/A						
Boat Schedule						
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						☐ Yes ☐ No
						☐ Yes ☐ No

General Information			
What type of operation do you have? ☐ Boat Rentals ☐ Fishing Trips ☐ Water Tours ☐ Hunting ☐ Other, please describe _____			
On what bodies of water does use take place? ☐ Rivers ☐ Lakes ☐ Ocean ☐ Bays/ Inlets Name _____			
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 and/or Kayak Touring Information			
Maximum number of boats rented on the same day? _____			
Average number of boats rented on the same day? _____			
What percent of your operations are guided? _____ % Number of guides? _____			
Additional Insureds (attach additional pages if necessary)			
Name	Complete Address	Location of Property & Acreage, City, State & Zip	What is their Interest?
Prior Carrier Information			
	Insurance Carrier	Limits of Liability	Premium
Last Year			\$
Two Years Ago			\$
Three Years Ago			\$
Loss History (Past 3 years)			If no losses check here ☐
Date	Description of Incident	Amount Paid/Reserved	
		\$	
		\$	
		\$	
Required Attachments			
1. Any brochures describing services or your website address listed above. 2. The liability waiver/hold harmless agreement you require your guest(s) to sign. 3. Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a loss statement signed by the applicant.			

Risks that guide the following activities are prohibited:

- a) White water rafting
- b) Mountain climbing
- c) Parasailing
- d) Recreational ATVs activities
- e) Downhill skiing
- f) Snowmobiles
- g) Risks that are not property licensed and accredited

****If a liability waiver or hold harmless agreement is not signed or cannot be produced in the event of a claim, coverage may be denied****

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Signature of Applicant _____ Date _____

Coverage is subject to approval by AssuredPartners

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