

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____
(Include all organizations that are to be included as insureds)

FEIN: _____
Mailing Address: _____

County: _____
Location Address: _____

County: _____
Telephone: _____ E-Mail Address: _____
Contact Name: _____ Contact Title: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____
Name of Agency: _____
Address: _____
Agency telephone: _____ Agency e-mail address: _____
Do you currently write this account? Yes No
If yes, for how long? _____ Carrier Name? _____
Is the account Sub-Brokered Yes No
If yes, please indicate Agency Name? _____

BUSINESS INFORMATION

Which best describes the organization (please check one):
 Fishing Guide Hunting Guide Hiking or Tour Guide Other (please describe): _____
Description of organization: Sole Proprietorship Partnership Corporation Other _____
Years in operation: _____ (**Minimum Requirement: 3 Years in Operation**)
Has your business filed for bankruptcy and/or been in receivership within the last 3 years? Yes No
Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? Yes No
If yes, please provide dates, coverage and explanation: _____

CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate \$500,000/\$1 million \$1 million/\$2 million \$1 million/\$3 million
Employee Benefits Liability** \$500,000/\$1 million \$1 million/\$2 million \$1 million/\$3 million
(claims made only)

Retroactive Date: _____

****Employee Benefits Liability not available in MT, NY and TX**

Hired & Non-Owned Liability

N/A

If auto coverage is not desired and the Insured require hired & non-owned liability coverage, please complete the below questions:

Does the Insured have any business owned autos? Yes No

Do any of the employees utilize their own vehicles to transport patrons? Yes No

Who uses their own vehicle for business and for what purpose? _____

Does the insured verifying the coverage (via a copy of personal declarations page) on the non-owned vehicles? Yes No

Do they require that certain limits be carried on the PAP? Yes No

OPERATIONS

Have your guides received first aid training? Yes No

Do your guides carry a means of communication (cell phone, 2-way radios, etc.)? Yes No

Total number of Guides/Outfitters: (do not include subcontractors) _____

Do all subcontractors have separate insurance? Yes No

If no, total number of subcontractors: _____

Are any operations conducted outside of the United States or Canada? Yes No

Percentage of operations conducted in Canada: _____

Do you allow your guests to bring pets? Yes No

Do you have any youth focused activities or programs without parental supervision? Yes No

Do you sell alcohol? Yes No

If yes, please complete and attach the **Liquor Supplement**.

Is alcohol consumption allowed before or during any activities (not including fishing)? Yes No

Do you own, maintain, operate or use any airfields, runways, hangars, buildings or other properties used in connection with aviation activities or airports?

Yes No

ACTIVITIES CONDUCTED

Prior 12 month's actual total receipts: \$ _____ Next 12 month's estimated total receipts: \$ _____

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver to **participate in activities**? Yes No

Activities Conducted	# of Units			Revenue
<input type="checkbox"/> ATV/Snowmobile (complete supplemental)	ATV	Snowmobile		\$
<input type="checkbox"/> Horseback Riding (complete supplemental)				
<input type="checkbox"/> Hunting Operations (complete section below)				\$
<input type="checkbox"/> Pools/Swimming Areas (complete supplemental)				
<input type="checkbox"/> Restaurant/Snack Bar				\$
<input type="checkbox"/> Retail Operations (complete section below)				\$
<input type="checkbox"/> Cross Country Skiing/Snowshoeing				\$
<input type="checkbox"/> Fishing Operations (complete section below)				\$
<input type="checkbox"/> Hiking/Backpacking				
<input type="checkbox"/> Mountain Biking/Road Cycling (complete section below)				\$
<input type="checkbox"/> Mountain/Rock Climbing (complete supplemental)				
<input type="checkbox"/> Available Land For Your Use	Acres Leased Used	Acres Owned	State Land	
<input type="checkbox"/> Canoes <input type="checkbox"/> Kayaks <input type="checkbox"/> Rowboats/Paddle Boats	Canoes	Kayaks	RB/PB	\$
<input type="checkbox"/> Float Tubes	Is alcohol consumption allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Motorized Boat < 4 Passengers	< than 4 Pass			\$
<input type="checkbox"/> Motorized Boat > 4 Passengers	< than 4 Pass			\$

What activities, other than those identified above, are conducted or take place at your business? _____

HUNTING OPERATIONS

N/A

What percentage of your hunting operations is unguided? ____%

What type of game is being hunted? (Check all that apply)

Bear Deer/Elk Exotics Game Birds Hogs Waterfowl Other: _____

Are tree stands used?

Yes No

If yes, are safety harnesses required?

Yes No

Do you use any of the following to transport hunters? (Check all that apply)

ATVs Boats Horses Snowmobiles Other: _____

HUNTING OPERATIONS (Continued)

What type of weapons are used? (Check all that apply)

- Bows Modified Weapons Muzzle Loaders Pistols Rifles
 Other: _____

MOUNTAIN BIKING/ROAD CYCLING INFORMATION

N/A

What percentage of your on-road (please do not include off-road in this percentage) cycling operations is unguided? _____%

- Do you rent or supply bicycles to your guests? Yes No
Are helmets provided for use? Yes No

FISHING OPERATIONS

N/A

What percentage of your fishing operations is unguided? _____%

- Do you operate on any class IV or V rivers? Yes No
Are regulation size lifejackets provided for use to all passengers? Yes No
Do you ever operate further than 5 miles from shore in blue water? Yes No

****If physical damage/hull coverage is required, please attach the applicable ACORD application****

RETAIL OPERATIONS

N/A

What type of inventory do you sell? (Please check **all that apply**):

- General Merchandise Souvenirs Baked/Homemade Goods Groceries
 Alcohol Guns Other: _____

Please specify any other types of retail operations that take place at your business: _____

****It is essential you make every attempt to obtain COI's for products liability insurance from manufacturers of your products for your files.****

REAL AND PERSONAL PROPERTY INFORMATION

Please complete and attach a property ACORD application.

What fire control water sources are available?

- Fire Hydrant Pool Pond/Lake Water Tank Other, please specify: _____

Name of and distance from your servicing Fire Department? _____

Does your business operate year round? Yes No

If no, is there a caretaker in the area/on site year round? Yes No

If no, are buildings winterized? Yes No

Are there smoke alarms in all corridors and sleeping quarters? Yes No

Do any buildings have wood burning fireplaces and/or woodstoves? Yes No

If yes, please list location numbers: _____

REAL AND PERSONAL PROPERTY INFORMATION (CONTINUED)

Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No

If yes, list location numbers: _____

Cooking Information

Do any buildings have cooking facilities? Yes No

If yes, please list location numbers: _____

Do you have an automatic extinguishing system over the cooking surface? Yes No

Do you have automatic fuel shut-offs to stoves? Yes No

Do you have deep fat fryers? Yes No

Do you have a hood and duct system? Yes No

If yes, is there a formal maintenance contract in place? Yes No

Do you have fire extinguishers readily available? Yes No

Dock Information

Indicate the total number of Docks: _____

Indicate the number of Boat Slips: _____

Are the docks removed? Yes No

If requesting property coverage for docks valued \$100,000 or greater, please provide pictures.

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million) \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1 million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Address: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ BI by Disease Policy Limit

***Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.**

ADDITIONAL COVERAGES AVAILABLE

For Business Automobile, Garagekeepers, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
(current year)

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

CLAIMS HISTORY

Have there been any claims or losses in the last five years? Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	DESCRIPTION	STATUS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Attach separate pages if needed. Provide the carrier loss runs if available.**

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- All available brochures and/or website address **Website Address:** _____
- Claims section completed or 5 years of currently valued hard copy loss runs (at underwriter's discretion)
- Completed property ACORD form
- Any applicable exposure supplements, as indicated above

A proposal will not be offered without the above referenced attachments.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ALABAMA - ALABAMA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

APPLICABLE IN ALASKA - ALASKA FRAUD STATEMENT

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

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.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal or civil penalties.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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 KANSAS - KANSAS FRAUD STATEMENT

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 KENTUCKY - KENTUCKY FRAUD STATEMENT

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.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS - MASSACHUSETTS FRAUD STATEMENT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MICHIGAN - MICHIGAN FRAUD STATEMENT

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to one year and payment of a fine of up to \$5,000.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS (CONTINUED)

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

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 the person to criminal and civil penalties.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - OKLAHOMA FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT (Continued)

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Other than Auto: 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 subjects such person to criminal and civil penalties.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS (CONTINUED)

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT

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, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA - VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN WASHINGTON - WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

GENERAL FRAUD STATEMENT

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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (NOT APPLICABLE IN CO, FL, KS, MA, MN, NE, OH, OK, OR, VT, OR WA.)

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ **Date:** _____

Name and title (please print): _____

Insurance Broker's Signature _____ **Date:** _____