

**GUIDES AND OUTFITTERS  
SUPPLEMENTAL APPLICATION**

(Complete in addition to an ACORD application)

Agent Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

Name and Phone Number for Audit: \_\_\_\_\_

**GENERAL QUESTIONS**

Corporation    Individual    Joint Venture    Partnership    Other (Describe) \_\_\_\_\_

1. Business Description: \_\_\_\_\_

2. Number of Years in Business: \_\_\_\_\_

3. Annual Payroll: \_\_\_\_\_ Annual Receipts \_\_\_\_\_

4. Number of Full Time Employees: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_ Owners/Executive Officers: \_\_\_\_\_

5. Game Management Unit(s): \_\_\_\_\_

6. Provide a complete description of your operations. Include copies of all literature and advertising.

7. Individuals, Partners, Officers and Employees active in the operation. (Attach separate list if additional space is needed).

Name	License Type and Number	Years Experience	Where Experience is Obtained

8. Has any license ever been suspended, revoked or denied?  Yes    No

Details: \_\_\_\_\_

(Please furnish copies of licenses of all guides, including the principals)

9. Guided Activities:

Activity	Number of Guides, Including Principals		
	Full Time	Part Time (1-30 Days)	Part Time (31-60)
Canoe/Kayak			
Combination Hunting & Fishing			
Cross Country Skiing			
Fishing Only			
Hiking/Backpacking/Photography			
Hunting Only			
Other			

10. Do you hire other guides as subcontractors?  Yes  No

11. Provide insurance information on subcontractors: \_\_\_\_\_

12. Do you work for other guides as a subcontractor?  Yes  No

13. Guest Days Guided or Outfitted:

a. Number guided operating days per year: \_\_\_\_\_ Outfitted days per year: \_\_\_\_\_

b. Average number of guided persons per day: \_\_\_\_\_ Outfitted persons per day: \_\_\_\_\_

14. Lodging:

a. Guest lodge, camp or cook tents (available for clients):  Yes # \_\_\_\_\_  No

b. Guest rooms, cabins or tents  Yes # \_\_\_\_\_  No

c. Meals provided  Yes # \_\_\_\_\_  No

d. Swimming pools:  Yes # \_\_\_\_\_  No

15. Equipment:

a. Boats, rafts, canoes or kayaks. (Provide a complete description)

**Circle Yes (Y) or No (N) for each category**

	Make/Model/Length	Serial Number	Passenger Capacity	Prop(P) Jet(J) HP	With Guide	Hunting	Fishing	Salt Water	Fresh Water
1.					Y or N	Y or N	Y or N	Y or N	Y or N
2.					Y or N	Y or N	Y or N	Y or N	Y or N
3.					Y or N	Y or N	Y or N	Y or N	Y or N
4.					Y or N	Y or N	Y or N	Y or N	Y or N
5.					Y or N	Y or N	Y or N	Y or N	Y or N

b. Is any of the equipment listed above covered by a separate policy?  Yes  No

c. How many boats are operated at one time? \_\_\_\_\_

Provide details: \_\_\_\_\_

d. Do all boatmen have Red Cross First Aid Cards?  Yes  No

e. White water exposure?  Yes  No

f. Are life jackets provided?  Yes  No

g. Boat, raft, canoe or kayak rental?  Yes  No

Number available for rental: \_\_\_\_\_

h. Describe vehicles used by clients (snow machines, mini bikes, ATV's, bicycles etc.)

	Description	Serial Number	With Guide	Helmet Provided	Use of Equipment
1.			Y or N	Y or N	
2.			Y or N	Y or N	
3.			Y or N	Y or N	
4.			Y or N	Y or N	
5.			Y or N	Y or N	

i. Any other vehicles used by guides/staff?  Yes  No

If "Yes", please explain: \_\_\_\_\_

j. Miscellaneous (provide number and use of each of the following):

(i) Dogs: \_\_\_\_\_

(ii) Pack Animals: \_\_\_\_\_

(iii) Saddle Animals: \_\_\_\_\_

(iv) Sled Dogs: \_\_\_\_\_

16. Prior Insurance carrier information and loss history

**Please enter complete prior carrier for the preceding 3 years:**

	Year:	Year:	Year:
<b>Carrier Name</b>			
<b>Policy Number</b>			
<b>Coverage</b>			
<b>Limits</b>			
<b>Premium</b>			

Please enter all claims or occurrences that may give rise to claims for the past 3 years:

Check here if none.  Attached is a current dated loss summary.

Occurrence Date	Line	Claim Details	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed

17. Has insurance of this type been cancelled, refused or non-renewed by any company in the past three years? (Not applicable in Missouri)

Yes  No

If 'Yes', give details: \_\_\_\_\_

18. Limits of liability requested (higher limits are available on request):

\$300,000 Occurrence/\$600,000 Aggregate/\$50,000 Fire Legal Liability/\$1,000 Medical Expense

\$500,000 Occurrence/\$1,000,000 Aggregate/\$50,000 Fire Legal Liability/\$1,000 Medical Expense

\$1,000,000 Occurrence/\$2,000,000 Aggregate/\$50,000 Fire Legal Liability/\$1,000 Medical Expense

19. Certificate holder(s) (include mailing address and special provisions):

Additional Insured

\_\_\_\_\_  
\_\_\_\_\_

Additional Insured

\_\_\_\_\_  
\_\_\_\_\_

Additional Insured

\_\_\_\_\_  
\_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become a part of any policy issued.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant's Signature and Title)