

GENERAL INFORMATION

Date of survey: _____ Insurance Renewal Date: _____ Date proposal needed: _____

Legal Name of Organization: _____

FEIN: _____

(Please include all organizations that are to be included as insureds)

Mailing Address: _____

County: _____

Location Address: _____

County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____ 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 Other (please describe): _____

Description of organization: Sole Proprietorship Partnership Corporation Other _____

Years in operation: _____ *(Minimum Requirement: 3 Years in Operation)*

Total # of Guides/Outfitters: _____ Total # of Guests expected this year: _____ Average Trip Duration: _____ days

Is your business currently up for sale? Yes No

Has your business had any changes in ownership over the past 3 years? Yes No

If so please provide details: _____

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: _____

Are you a member of any state or regional association? Yes No

If yes, please list: _____

REAL AND PERSONAL PROPERTY INFORMATION

Please complete and attach a property ACORD application.

- Are there buildings at your facility with limited access due to forest, terrain or season? Yes No
- Are your buildings occupied year round? Yes No
- If no, is there a caretaker on site? Yes No
- If no, are buildings winterized? Yes No
- Do any buildings have cooking facilities? Yes No
- If yes, list location numbers: _____
- Do any buildings have wood burning fireplaces and/or woodstoves? Yes No
- If yes, list location numbers: _____
- Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No
- If yes, list location numbers: _____

Dock Information

If requesting property coverage for docks please provide pictures and answer the following questions:

Indicate the number of Docks _____

Indicate the number of Boat Slips _____

Does the water around your dock freeze? Yes No

Are the docks removed? Yes No

CGL LIMITS OF INSURANCE

- Each Occurrence/General Aggregate \$300,000/\$600,000 \$500,000/\$1 million
 \$1 million/\$2 million \$1 million/\$3 million
- Damage to Rented Premises \$100,000
- Medical Payments \$5,000
- Employee Benefits Liability** \$300,000/\$600,000 \$500,000/\$1 million
(claims made only) \$1 million/\$2 million \$1 million/\$3 million
- Retroactive Date: _____

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

CERTIFICATES OF INSURANCE & ADDITIONAL INSURED

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.

For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

OPERATIONS

Expiring policy estimated total receipts: \$ _____

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

Please specify which type of operations you have?

- Fishing Charters
 Water Tours
 Boat Rentals
 Whitewater
 Freshwater Marina
 Other, please specify: _____

Is your business open year round? Yes No

If no, provide the number of months you are open? _____

Is there a formal maintenance program for the grounds and public traffic areas? Yes No

Do you provide any youth activities or programs? Yes No

If yes, please describe: _____

Do you sell alcohol? Yes No

If yes, please complete and attach the Liquor Supplement.

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

CHARTER FISHING/TOUR INFORMATION

Please specify which bodies of water you operate on.

- Oceans
 Bays/Inlets
 Lakes
 Rivers

If you operate on rivers, please indicate which classes are navigated.

- Class I
 Class II
 Class III
 Class IV
 Class V

Are life vests/personal flotation devices (PDF's) required? Yes No

Are life vests/personal flotation devices (PDF's) provided? Yes No

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

Are all of your charters captained? Yes No

If yes, what is the minimum experience level of your captains? _____ Years

Have your captains received first aid training? Yes No

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

Are all of your captains USCG licensed/certified? Yes No

CHARTER FISHING/TOUR INFORMATION CONT...

What is the furthest distance from shore you travel during charters? ____ Miles

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

What is the average duration of each trip?

Overnight Full Day Half Day Hourly

Do you conduct shoreside activities? Yes No

If yes, please specify: _____

Do you permit your guests to consume alcohol? Yes No

FRESHWATER MARINA INFORMATION

What percent of annual revenue is generated by marina operations? ____ %

How much revenue is generated from fueling operations annually? \$ ____

How many fueling stations do you operate? ____

Do you provide mechanical service for watercraft? Yes No

Do you manufacture any watercraft products? Yes No

Do you sell any motorized watercraft? Yes No

Do you provide hauling and launching services through the use of lifts? Yes No

If yes, please indicate the number of lifts: ____

Do you supply/rent any watercraft to others? Yes No

If yes, do you permit water skiing with the use of your watercraft? Yes No

Do you require waivers of liability to be signed? Yes No

Storage Information

Do you store watercraft owned by others? Yes No

If yes, please answer the following:

What is the maximum total value of watercraft stored at any one time? \$ ____

What types of storage are provided?

Storage Type	# of Units
Docking	____ Slips
Land Storage - Indoor	____ Boats
Land Storage - Outdoor	____ Boats

What means of security/protection is provided? (Check all that apply)

Alarm System Fenced Lighting Other, please specify: _____

Do you have a formal slip rental/storage agreement? (Please attach) Yes No

SUBCONTRACTOR INFORMATION

Does the organization hire subcontractors? Yes No

If yes, are certificates of insurance obtained from all subcontractors? Yes No

Please describe the work performed by all subcontractors and indicate the annual cost for this work:

Work Performed _____ Cost \$ _____

Work Performed _____ Cost \$ _____

List Safety Procedures and attach safety guidelines: _____

RESTAURANT/SNACK BAR OPERATIONS

What percent of annual revenue is generated by restaurants/snack bars? _____ %

What best describes your food establishment?

Snack Bar Only Restaurant with Table Service Restaurant without Table Service

Do you sell alcohol? Yes No

If yes, please complete the Liquor Supplement.

If yes, what percent of restaurant sales is generated from the sale of alcohol? _____ %

RETAIL OPERATIONS

What is the total value of retail inventory? \$ _____

What type of inventory do you sell? _____

Do you import directly from any foreign manufacturers? Yes No

If yes, please provide certificates of insurance evidencing foreign manufacturer's products liability insurance.

In U.S. dollars, what is the limit of their products liability insurance? \$ _____

Do you obtain certificates of insurance for products liability insurance from U.S. manufacturers of your products? Yes No

If yes, please provide copies of certificates.

If No, it is essential that you make every attempt to.

Are you a "Vendor" on the Products Liability Insurance carried by the U.S. manufacturers of your products? Yes No

If yes, please provide copies of certificates.

If No, it is essential that you make every attempt to.

What other types of retail operations take place at your business? _____

OWNED WATERCRAFT (PLEASE LIST ALL OWNED WATERCRAFT BELOW)

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Doos and/or Waverunners) Yes No

Non-Motorized Watercraft

Boat Type	Number Used
<input type="checkbox"/> Canoes/Kayaks	_____
<input type="checkbox"/> Row Boats/Paddle Boats	_____
<input type="checkbox"/> Float Tubes/Rafts	_____

Motorized Watercraft

Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guest Operated
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million): \$ _____

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 \$1million 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: _____

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, 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:

- A complete drivers list with driver names, license numbers, dates of birth and date of hire (if auto coverage requested).
- All available brochures.
- Copies of waivers currently in use.

A quotation will not be offered if the attachments are not included with the application.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form, any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

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 DELAWARE - DELAWARE FRAUD STATEMENT

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

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 include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and 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 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 HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

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 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 WARNING

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 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 PENNSYLVANIA – PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

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 UTAH - UTAH FRAUD STATEMENT

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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 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 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.

APPLICABLE IN WEST VIRGINIA – WEST VIRGINIA 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.

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD 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, HI, MA, NE, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied).

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: _____