

BERKLEY UNDERWRITING PARTNERS

SUPPLEMENTAL INSURANCE APPLICATION FOR GUIDES AND OUTFITTERS

Desired Effective Date _____

Today's Date _____

Producer: _____

This is an application for insurance. Completing this application does not make coverage effective. Contact your agent to make your insurance effective.

REQUIRED ATTACHMENTS

With your application, please also attach:

- 1.) Brochures describing what you do.
- 2.) Other insurance applications (such as Acord) for other lines of coverage requested
- 3.) A copy of the liability waiver form you require your guests to sign
- 4.) A letter signed by the applicant about previous claim activity. If you have had a claim see page five.

Insured: _____

Mailing Address: _____

Mailing Address: (Town, State, Zip) _____

Insurance Contact Name(s) : _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: www. _____

Main Location: _____

From this location do you also operate other businesses? Yes No

If you operate other businesses please include information about them in pages which follow.

Do you operate out of more than one location? Yes No

Please record your other location(s) here:

(For multiple locations, use a separate sheet of paper.) _____

You set your business up as a:

Partnership LLC Individual Corporation Other

Please Describe Your Business: _____

What limit(s) of liability are you applying for? \$1,000,000 Other : _____

Prior Carrier Information If you are in Missouri, please leave the premium space blank.

	Insurance Company	Liability Limits	Premium
Current Year	_____	_____	_____
Previous Year	_____	_____	_____
Three Years Ago	_____	_____	_____

Additional Insured Certificates Requested (If necessary attach additional sheet)

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you conduct guided activities on land you own? Yes No

Do you operate your business year round? Yes No

If this answer is "No" please **cross out** those months below **when your business does not operate:**

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

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OUTFITTERS AND GUIDES ACTIVITY INFORMATION

In the upcoming annual policy term what amount of total receipts do you expect?	\$
In your current annual policy term what do expect your total annual receipts to be?	\$

Activities Conducted	<input type="checkbox"/> If applicable	Number of Guides	Number of units (boats, bikes, etc.)	User Days	Receipts
Guided Fishing	<input type="checkbox"/>		XXXXXXXX		
Hunting	<input type="checkbox"/>		XXXXXXXX		
ATV Tours-Guided	<input type="checkbox"/>				
ATV Tours-Unguided	<input type="checkbox"/>	XXXXXXXX			
Snowmobile Tours-Guided	<input type="checkbox"/>				
Snowmobile Tours-Unguided	<input type="checkbox"/>	XXXXXXXX			
Shooting Range	<input type="checkbox"/>	XXXXXXXX			
Lodgings / Cabin Rentals	<input type="checkbox"/>	XXXXXXXX			
Retail Store / Pro Shop	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX	XXXX	
Hiking / Backpacking	<input type="checkbox"/>		XXXXXXXX		
Bike Rentals	<input type="checkbox"/>				
Mountain Bike Riding	<input type="checkbox"/>				
Cycling Tours on Public Roads	<input type="checkbox"/>				
Downhill skiing	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Cross-country skiing	<input type="checkbox"/>		XXXXXXXX		
Dogsled Tours	<input type="checkbox"/>				
Snowshoeing	<input type="checkbox"/>		XXXXXXXX		
Jet ski/waverunner activities	<input type="checkbox"/>	XXXXXXXX			
Jeep Tours or Airborne Tours	<input type="checkbox"/>				
Boating	<input type="checkbox"/>				
Freshwater Tubing	<input type="checkbox"/>				
Kayak Tours / Rentals	<input type="checkbox"/>				
Scuba Diving	<input type="checkbox"/>		XXXXXXXX		
Waterskiing	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Whitewater Rafting	<input type="checkbox"/>				
Paintball Activities	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Survival training, "Boot camp," rehab, or other social service activity	<input type="checkbox"/>		XXXXXXXX		
Conducted operations outside the United States	<input type="checkbox"/>		XXXXXXXX		
Climbing wall	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Rock climbing	<input type="checkbox"/>		XXXXXXXX		
Horseback Riding	<input type="checkbox"/>				
Hayrides, sleighrides, Wagon rides	<input type="checkbox"/>				
Youth Camps or Programs	<input type="checkbox"/>	XXXXXXXX	XXXXXXXX		
Other – please describe	<input type="checkbox"/>				

Do you require every guest to sign a waiver? Yes No

Do you require guests to complete a health and physical fitness form? Yes No

Do you have a webpage or a brochure? Webpage Yes Brochure Yes

How long have you been in business? _____

If your business is less than 3 years old, how many years of prior experience do you have? _____

Do you hire other guide firms as sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer above is Yes, what activities do you sub-out? _____
If you hire other firms as sub-contractors, do you require proof of insurance from them? <input type="checkbox"/> Yes <input type="checkbox"/> No

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If you sub-contract work, please list the sub-contractor firms below:

Guide Information Please list below the guides who work for you

Name	Age	Years Experience	Credentials including First Aid Qualifications

What percentage of your guides are employees versus independent contractors?
 _____%Employees _____%Independent Contractors

Do you operate a guide apprentice type of program before adding a candidate guide to your team? __ Yes __No

What type of background checks do you perform before adding a candidate guide to your team? MVR check Drug Testing Other : _____

Lodging Information Check here if you do not provide Lodging ⇒ Not Applicable

Do all guest units contain smoke alarms? __ Yes __No

Total number of units for guest rental [_____]

Maximum guest capacity? [_____]

Do you operate a restaurant on the premises? __ Yes __No If " Yes" do you sell or provide beer, wine, or liquor to guests? __ Yes __No

Do you have swimming? Check all that apply: Swimming pool - yes Swimming area - yes No Swimming

If you have swimming, do you have a diving board? __ Yes __No

If you have a swimming pool, is it entirely fenced with a self-closing gate? __ Yes __No

RV Parks and Campgrounds: How many RV sites [_____] and campsites [_____] do you have available?

Store Information Check here if you do not operate a Store ⇒ Not Applicable

Total Sales from your store operations? [_____]

Are you licensed to sell firearms and ammunition? __ Yes __No

What types of products or services do you sell? Please check off those which apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> General Store | <input type="checkbox"/> Ski Equipment Sales | <input type="checkbox"/> Fishing Equipment Sales |
| <input type="checkbox"/> Package Beer, Wine, Liquor | <input type="checkbox"/> Ski Equipment Rental | <input type="checkbox"/> Fishing Equipment Rental |
| <input type="checkbox"/> Archery Equipment Sales or Rental | <input type="checkbox"/> Tree Stand Sales | <input type="checkbox"/> Tree Stand Rental |
| <input type="checkbox"/> New Gun Sales | <input type="checkbox"/> Used Gun Sales | <input type="checkbox"/> Gunsmithing, Repair/ Restoration |
| <input type="checkbox"/> New Ammo Sales | <input type="checkbox"/> Reloaded Ammo Sales | <input type="checkbox"/> Other Describe _____ |

Hunting Information Check here if you do not engage in hunting ⇒ Not Applicable

What percentage of your hunting operations are unguided? [_____] %

What type of game is hunted?

- Deer Elk Bear Turkey Waterfowl Upland Birds Hogs Other Describe _____

What is your maximum guide to hunter ratio? [_____] Guides to [_____] hunters

Maximum number of hunters in any one trip? [_____]

Do you operate drop camps? __ Yes __No

Do your drop camps include livestock? __ Yes __No

Are tree stands or other elevated stands used? __ Yes __No If yes, are safety harnesses required? __ Yes __No Do you furnish or sell safety harnesses? __ Yes __No

HUNTER TRANSPORTATION

Below please check off how you transport hunters and how many of each type you use.

<input type="checkbox"/> ATVs How many? _____ Are helmets required? __ Yes __No	<input type="checkbox"/> Horses How many? _____	<input type="checkbox"/> Snowmobiles How many? _____ Are helmets required? __ Yes __No	<input type="checkbox"/> Boats How many? _____	<input type="checkbox"/> Other - Describe _____ How many? _____
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Bicycle Information Check here if you do not engage in bicycling ⇒ Not Applicable

On tours what is your maximum number of bicyclists? _____	Maximum number of tours on any day? _____ Number of guides on a tour? _____
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Are helmets required? __ Yes __ No Do you sell or provide helmets? __ Yes __ No	Below please advise estimate of percentage of tours conducted: ___% on public roads ___% Off Road (Should total to 100%)
Do you pre-screen guests to determine their ability and physical condition before riding? __ Yes __ No Do guides carry communication devices with them on tours? __ Yes __ No If yes, please describe below: _____	

Watercraft Information

Check here if this does not apply to you ⇒ Not Applicable

How are watercraft used in your business? (Check all that apply) Rented for waterskiing or other towing
 Guided fishing trips To transport hunters Provided/rented for use in other guided activities
 Rented out for unguided activities Other Please Explain _____

On what bodies of water do your guests use watercraft? __ Rivers __ Lakes __ Ocean __ Bays/Inland waterways
 If you checked Rivers above, what classes of rivers are included? Class I Class II Class III Class IV Class V
 When you provide watercraft, do you include the necessary number of lifevests (PFDs)? __ Always __ Most of the time

General Information

Do you rent watercraft to others? __ Yes __ No Are lifevests (PFDs) a required part of the rental? __ Yes __ No
 If you rent out watercraft, what boats do you rent out? Kayaks Canoes Rowboats Driftboats
 Sailboats Tubes Jetskis/Waverunners Paddleboats Trolling boats Power boats shown below
 BOAT SCHEDULE – POWER BOATS LIST BOATS BELOW (If more than five please attach a separate schedule.)

Length	HP	Year Made	Make & Model	OB / IB / IO	#Pas-sengers	%G (guided) %U (unguided)
						%G %U
						%G %U
						%G %U
						%G %U
						%G %U

BOAT SCHEDULE – NON - POWER BOATS

Boat Type	Maximum available for use	Average Usage	%G (guided) %U (unguided)
Canoes			%G %U
Kayaks			%G %U
Tubes / Rafts			%G %U
Other boats Describe:			%G %U
How many guides engage in non-power boat activities? _____			

Equine Information

Check here if this does not apply to you ⇒ Not Applicable

Do you provide a written safety and procedure manual to all guides and staff? __ Yes __ No
If you answered Yes to the previous question, please attach a copy your manual to this application.

Total number of horses available for guest use?
 Maximum number of horses permitted to be in use at any one time?
 Average number of horses usually in use by guests on most days?
 What is the age of the youngest rider you will permit on a horse?
 Do you provide helmets if a rider wants one but did not bring one? __ Yes __ No
 Do you allow double riding? __ Yes __ No
 How many guides engage in pack trips or other equine guiding?

What percentage of your equine operations are unguided _____% versus guided _____%
 What is the minimum number of guides _____ in ratio to customers _____ on guided equine tours.

Do you require guests to complete a physical fitness form prior to riding? __ Yes __ No
 Do you assess guest riders' skill levels before allowing them to ride? __ Yes __ No
 Do guides carry communication devices with them on tours? __ Yes __ No If yes, please describe below:

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If you offer pony rides, please check below all which apply:

⇒ Not Applicable

- Trail Rides Riding Ring Hand Lead Other-Describe:

Check off or list below reasons which would cause you to prohibit someone from riding a horse?

- Weight Poor Health Age Other-Describe:
 Pregnancy Alcohol or Drug use Weight

Of the horses on your property

How many belong to your family ? and how many are boarded for a fee?

Below, please check those activities which you teach or allow your guests to participate in:

⇒ Not Applicable

- Dressage Cattle Drives Hay Rides Inoculations Horse Racing
 Barrel Racing Cattle Roping Sleigh Rides Handling Livestock Horse Jumping
 Team Penning Cattle Branding Buckboard / Buggy Rides Other-Describe

Do you allow guests to handle, rope, or brand livestock? __ Yes __No

If you conduct cattle drives, please answer these questions below:

Maximum Distance: Maximum Duration

Maximum number of wranglers in ratio to guests:

If your business conducts Rodeos/Gymkanas, what types of activities do you allow your guests to participate in?

Prior Loss Information

Date of Loss	Description of Incident	Amount Paid / Reserved
		\$
		\$

Are you aware of any incident not shown above, which may lead to a claim? __ Yes __No

If Yes, please describe:

Other Business Pursuits

Do you have other business pursuits for which coverage is not requested here? __ Yes __No

If Yes, please describe:

FRAUD WARNINGS

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.

FLORIDA

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 of the third degree."

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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 may subject the person to criminal and civil penalties.

