



**EVERGREEN  
INSURANCE  
MANAGERS INC**

**Water Rafting Application**

Please read this application carefully and complete all questions. (If not applicable, state N/A.)  
 If space is insufficient to fully answer any questions, attach separate pages, sign, and date

Named insured \_\_\_\_\_  
 Premise address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Internet Address (Web Page) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Form of Organization \_\_\_\_\_ Corp \_\_\_\_\_ Partn \_\_\_\_\_ Other \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Inception date of coverage \_\_\_\_\_  
 Limits applied for \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

(\$250 minimum applies on all coverage)

Detailed description of operation (attach brochures):

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

Operation is

year round  seasonal

from \_\_\_\_\_ to \_\_\_\_\_

Years experience \_\_\_\_\_ Years in business \_\_\_\_\_

Operation uses  canoes  kayaks  rafts

motorized-boats  oars

List all rivers on which you operate.

River Section	Class		Length Of Trip

Maximum number of guides employed during the season \_\_\_\_\_

Is any guide less than 21 years of age?  yes  no

If so, list name, age, and scope of experience on a separate page.

Ratio of guides to passengers \_\_\_\_\_ :

Watercraft Rentals	Guest Days	Receipts
Nonmotorized boats or tubes, etc.		
Rafts		
Kayaks		

\*Attach a list of all watercraft, including year, make, model.

Are USCG-approved life vests provided to all participants?  yes  no

Rated Rivers Used		Guest Days	Receipts
Class	Trip		
1	over 4 hours		
	under 4 hours		
2	over 4 hours		
	under 4 hours		
3	over 4 hours		
	under 4 hours		
4	over 4 hours		
	under 4 hours		
5 over	4 hours		

Unrated Rivers Used Guest		Days	Recei	pts
Non-whitewater	over 4 hours			
	under 4 hours			
Whitewater	over 4 hours			
	under 4 hours			

Is a waiver/release of liability used? yes no

It is a condition of coverage that a copy of your waiver/acknowledgment of risk form be submitted with this application. No coverage will be provided unless this condition is met.

Function Units		or Spaces	Liquor Receipts	Total Receipts
Lodging	Cabins or rooms			
	Camping			
Food Service	Restaurant			
	Snack bar			
Stores				

List any operations **not** to be included in this policy, if issued \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all claims/incidents made against you or your insurance carrier in the past five (5) years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has previous insurance ever been canceled, declined, or non-renewed? yes no

Has any guide been involved in an accident which resulted in death a or serious injury? yes no

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any license of the business/owners, partner, or principal shareholders been voluntarily surrendered or referred, suspended, or revoked? yes no  
Record of Insurance for the past five (5) years

1. Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

2. Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

3. Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

4. Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

5. Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

To what associations do you belong? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of anyone requiring proof of insurance. Describe their relationship to your business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you work with independent contractors? yes no  
If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are certificates of insurance obtained from independent contractors? yes no

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONDITIONS OF INSURANCE COVERAGE  
(CW 109-Boat Endorsement)

The following requirements are conditions to receive a policy from Illinois R.B. Jones:

1. A waiver and/or release of liability, provided by you and signed by a responsible adult, recognizing the dangers of boating must be obtained from all customers.
2. A United States Coast Guard-approved personal flotation device must be worn and fastened by all customers on the watercraft at all times.
3. The maximum number of individuals, including guides, allowable per vessel shall be specified by the following formula: number of individuals = {(length of boat rounded to the nearest foot) ÷ (2)} + 2 + 1 guide.
4. All guides are required to be currently qualified in cardiopulmonary resuscitation (CPR) by the Red Cross or American Heart Association.
5. At least one guide per trip will have a first aid card certified by the Red Cross.

6. A suitable and adequately stocked first aid kit must be aboard at least one of the vessels per commercial trip.
7. A suitable watercraft repair kit must be aboard at least one of the vessels per commercial trip.
8. An inflation pump, appropriate for the craft, will be carried aboard at least one of the vessels per commercial trip.
9. One buoyant heaving line, at least three-eighths of an inch in diameter and at least 65 feet in length, in a bright colored self rescue bag, must be carried on each watercraft. It must also contain emergency signal devices.
10. No alcoholic beverages may be consumed on watercraft, and illegal/controlled substances may not be carried by anyone during the trip.
11. Anyone who appears to be intoxicated or under the influence of an illegal/controlled substance will not be allowed on board the watercraft.

I hereby make application to Illinois R.B. Jones for the insurance described above and confirm the above representations to be true. Furthermore, I understand that if this application is accepted by Illinois R.B. Jones in reliance upon the truth herein, operations not listed as part of the business would not be covered.

In addition, Illinois R.B. Jones may elect to exclude some of the operations which are listed. 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 information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_

Date

\_\_\_\_\_

Insured's

\_\_\_\_\_

Signature

\_\_\_\_\_

Agent/Agency Name

\_\_\_\_\_

Insured's Name, typed or printed

Watercraft Supplement  
(guided recreational activities)

Year	Make	Model	H.P.	Length	Current Value
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