



GUIDES & OUTFITTERS SUPPLEMENT

(Include Acord Application)

Mailing Address: _____

Phone: _____ Fax: _____

Applicant is: Individual Partnership Corporation Other _____

Years in Business: _____

Location of Premises: _____

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

Website _____ Web Address _____

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

Name	License Type & Number	Years Experience	Where Experience Obtained

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

Details: _____

Furnish copies of licenses of all guides, including principal.

Do you hire other guides as subcontractors? Yes No

Provide insurance information on subcontractors: _____

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

Guest Days Guided or Outfitted:

a. Number of guided operating days per year: _____ Outfitted days per year: _____

b. Average number of guided persons per day: _____ Outfitted persons per day: _____

Lodging:

a. Guest Lodge, Camp or Cook Tent: Yes # _____ No

b. Meals Provided: Yes # _____ No

c. Swimming Pools: Yes # _____ No

d. Guest Rooms, Cabins or Tents (available for clients): Yes # _____ No

Guided Activities:

Number of Guides, Including Principles

Activities	# of Guides	Part Time (1- 30 Days)	Full Time (31- 60 Days)
Hunting			
Fishing			
Combination Hunting & Fishing			
Cross Country Skiing			
Hiking/Backpacking/Photography			
Canoe/Kayak			
Other (Describe)			

Equipment:

a. Boats, Rafts, Canoes or Kayaks. (Provide complete description).

Indicate Yes or No for each category

	Make/Model/Length	Serial Number	Passenger Capacity	Prop (P) Jet (J) HP	With Guide	Hunting	Fishing	Salt Water	Fresh Water
1.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Is any of the equipment listed above covered by a separate policy?

Yes No

How many boats are operated at one time? _____

Provide _____ details _____

Do all boatmen have Red Cross First Aid Cards?

Yes No

White water exposure?

Yes No

Are life jackets provided?

Yes No

Boat, raft, canoe or kayak rental?

Yes No

Number available for rental: _____

h. Vehicles used by clients (Snow Machines, Mini Bikes, ATV's, Bicycles, etc.)

	Description	Serial Number	With Guide	Helmet Provided	Use of Equipment
1.			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2.			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3.			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4.			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5.			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Any other vehicles used by Guides/Staff?

Yes No

If 'Yes', please explain: _____

Miscellaneous (Provide number and use of each of the following):

(ii) Saddle Animals: _____

(ii) Pack Animals: _____

(iii) Dog Sleds: _____

(iv) Sled Dogs: _____

Prior Insurance Carrier information and Loss History

Enter complete prior carrier information for the preceding 3 years:

	Year:	Year:	Year:
Carrier Name			
Policy Number			
Coverage			
Limits			
Premium			

Enter all claims or occurrences that may give rise to claims for the prior 5 years:

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

Date of Occurrence	Line	Complete details of occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

Has insurance of this type been canceled, refused or non-renewed by any company in the past three years? Yes

No

If 'Yes'. Provide details: _____

Certificate Holder(s) (Include mailing address and special provisions):

Additional Insured

Additional Insured

Additional Insured

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date _____ Date _____