



OUTFITTER & GUIDE APPLICATION

1. Proposed First Named Insured & Other Named Insured(s):
2. Mailing Address Street City County State ZIP Code
3. Location Address Street City County State ZIP Code
4. Telephone: Fax: Website:
5. Contact person/phone #: Inspection: Accounting/Records:
6. Business Type: Individual Partnership Corporation LLC Trust Other (specify):
7. Operating as: For Profit Nonprofit Other:
8. Interest of Named Insured in premises: Owner General Lessee Tenant Other:
9. Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)
10. Date Business Established: If new venture, provide prior experience:
11. Effective Date Desired: From: To: Term Desired:

PREVIOUS INSURER & LOSS HISTORY - Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: DO NOT answer this question.
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Table with 7 columns: Policy Dates, Carrier, Policy Number, Premium, Coverage, Check if Claims-Made, Description of Loss

BUSINESS INFORMATION

1. Describe all business operations conducted:
2. List key management personnel (name, age, job description, length of employment, % of ownership):
3. Is your business a subsidiary or division of another company? Yes No
If yes, provide details of operation and complete the following:
Name of Company Address Relationship
4. Has your business had any changes in ownership over the past 3 years? Yes No
If yes, provide details:

5. Do you sponsor any sporting teams or events?  Yes  No

If yes, provide details:

**6. General Liability Coverage**

General Aggregate \$

Products/Completed Operations Aggregate Limit \$

Each Occurrence \$

Damage to Premises Rented to You \$

Medical Payments \$

**UNDERWRITING INFORMATION**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you require guests to sign a liability waiver? <i>If yes, attach a copy.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require guests to complete a health and physical fitness form?<br>If yes, provide details:                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any operations conducted outside the United States?<br>If yes, provide details:                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you hire guides as sub-contractors?<br>If yes, indicate which activities:<br>If yes, do you obtain proof of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your business operational year round?<br>If no, provide details:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is drop-off transportation services/guide service provided?<br>If yes, provide details:                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you offer any overnight trips?<br>If yes, provide details:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any aviation exposure?<br>If yes, provide details:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any ocean (deep sea) fishing more than 2 miles offshore?<br>If yes, provide details:                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Provide details regarding boats under 16 feet used on oceans or large bays or boats over 26 feet:                        |                          |                          |
| 11. Do guides carry any communication device with them (2-way radio, cell phone, etc.)?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**ACTIVITY INFORMATION**

Actual Receipts for Prior 12 Months: \$

Estimated Receipts for Next 12 Months: \$

Activities Conducted	# of Guides	# of Units	Guest Days/Rooms/Area	Revenues
ATVs (4 wheelers only) – guided				
ATVs (4 wheelers only) – unguided	N/A			
Boats – Group C – Outboard powered Skiff with guide; Drift boat (no power) or River boat (powered) – guided				
Boats – Group A (Canoe or Rowboat) – unguided				
Boats – Group B (Canoe or Rowboat); outboard powered Skiff – unguided	N/A			
Dog Sled Tours				
Fishing without watercraft				
Fishing with watercraft				
Hiking or Backpacking				

Activities Conducted	# of Guides	# of Units	Guest Days/Rooms/Area	Revenues
Hotels and Motels – without pools or beaches – less than 4 stories – Lodges in conjunction with Outfitters & Guides	N/A			
Hotels and Motels – without pools or beaches – less than 4 stories – Cabins in conjunction with Outfitters & Guides				
Hunting without watercraft				
Hunting with watercraft				
Lodging/Cabin Rentals				
Mountain Bike Riding				
Mountaineering				
Pack Animals				
Paintball				
Saddle Animals				
Scuba Diving				
Shooting Range – Rifle or Pistol	N/A			
Sight Seeing Guides – without watercraft				
Sight Seeing Guides – with watercraft				
Snowmobile(s) – guided				
Snowmobile(s) – unguided	N/A			
Snowshoeing				
Tent Site - with tent				
Tent Site - without tent				
Tour Bus Operations	N/A			
Whitewater Rafting/Boating – guided				
Whitewater Rafting/Boating – unguided	N/A			
Youth Camps or Programs	N/A			
Other – describe:				

**GUIDE INFORMATION**

Name	Age	Licensed		Employee (E) or Subcontractor (S)	Years Experience	First Aid Certified	
		Yes	No			Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**LODGING**

- Total number of units for guest rental:
  - Number of: 

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 RV spaces: 

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 Tent sites: 

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  - Maximum guest capacity: 

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  - Do all cabins/units have smoke alarms?  Yes  No
  - Do you have a swimming pool or swimming area?  Yes  No
- If yes, complete the Water Hazards Liability Application, S1055-CG.*

**HUNTING**

1. Maximum ratio: Guides to: \_\_\_\_\_ Guests: \_\_\_\_\_
2. Maximum number of hunters at any one time: \_\_\_\_\_
3. Do you operate drop camps?  Yes  No  
If yes, describe: \_\_\_\_\_
4. Percentage of your hunting operations that are unguided: \_\_\_\_\_ %
5. Indicate type of game hunted:  Elk  Deer  Exotics  Bear  Turkey  
 Waterfowl  Upland Birds  Hogs  Other: \_\_\_\_\_
6. Are tree stands used?  Yes  No  
If yes, are safety harnesses required?  Yes  No
7. Check if you use any of the following to transport hunters and indicate how many:  

<input type="checkbox"/> ATVs	<input type="checkbox"/> Snowmobiles
<input type="checkbox"/> Horses	<input type="checkbox"/> Boats
<input type="checkbox"/> Other Unlicensed Vehicles	
8. Are helmets required when riding?  Yes  No

**RETAIL OPERATIONS**

Indicate any retail operations for any of the following:

Nature of Business	Gross Sales
General Store	\$
Restaurant <i>(Complete Restaurant, Bar &amp; Tavern Application Supplement, S369-IL)</i>	\$
Liquor Store	\$
Gun Sales	\$
Ammunition Sales	\$
Ski Equipment Sales	\$
Ski Equipment Rental	\$
Fishing Equipment Sales	\$
Fishing Equipment Rental	\$

**WATERCRAFT LIABILITY SECTION**

N/A

**Boat Schedule (attach additional sheet if needed)**

Year	Make & Model	Length	HP	OB/IB/IO	# Passengers	Guided?	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**WATERCRAFT GENERAL INFORMATION**

1. Type of operation:  Boat Rental  Fishing Trips  Tube or Canoe Rental  Hunting  
 Other: \_\_\_\_\_
2. Bodies of water on which use takes place:  Rivers  Lakes  Ocean  Bays/Inlets  
If rivers, indicate classes of boats:  Class I  Class II  Class III  Class IV  Class V
3. Are life vests (PFDs): Required?  Yes  No Provided?  Yes  No
4. Do you carry Hull & P&I coverage on any listed watercraft?  Yes  No  
If yes, provide details: \_\_\_\_\_
5. If operations are seasonal, ashore: From: \_\_\_\_\_ To: \_\_\_\_\_  
Where stored when not in use or ashore: \_\_\_\_\_

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**CANOE, KAYAK, AND/OR RIVER TUBING**

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Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Other:		

1. Percentage of your operations which are unguided: %
  2. Number of guides:
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For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

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This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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**FRAUD STATEMENTS**

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**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

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**IMPORTANT NOTICE****DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address

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