

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Date business established: _____
 If new venture, provide prior experience: _____
2. List key management personnel (name, age, job description, length of employment, % of ownership):

3. Has your business had any changes in ownership over the past 3 years? Yes No
 If yes, provide details:

4. Do you sponsor any sporting teams or events? Yes No
 If yes, provide details:

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?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any operations conducted outside the United States?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you hire guides as sub-contractors?
If yes, indicate which activities: _____
If yes, do you obtain proof of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your business operational year round?
If no, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is drop-off transportation services/guide service provided?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you offer any overnight trips?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any aviation exposure?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any ocean (deep sea) fishing more than 2 miles offshore?
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

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				
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) - guides				
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"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

LODGING

- Total number of units for guest rental:
- Number of: RV spaces: Tent sites:
- Maximum guest capacity:
- 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 Supplement, S1055-CG.

HUNTING

- Maximum ratio: Guides to: Guests:
- Maximum number of hunters at any one time:
- Do you operate drop camps? Yes No
If yes, describe:
- Percentage of your hunting operations that are unguided: %
- Indicate type of game hunted: Elk Deer Exotics Bear Turkey
 Waterfowl Upland Birds Hogs Other:
- Are tree stands used? Yes No
If yes, are safety harnesses required? Yes No
- 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	
- 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	\$ <input type="text"/>
Restaurant <i>(Complete Restaurant, Bar & Tavern Supplement, S369-IL)</i>	\$ <input type="text"/>
Liquor Store	\$ <input type="text"/>
Gun Sales	\$ <input type="text"/>
Ammunition Sales	\$ <input type="text"/>
Ski Equipment Sales	\$ <input type="text"/>
Ski Equipment Rental	\$ <input type="text"/>
Fishing Equipment Sales	\$ <input type="text"/>
Fishing Equipment Rental	\$ <input type="text"/>

WATERCRAFT INFORMATION

N/A

Boat Schedule (Attach additional sheet if needed)

Year	Make & Model	Length	HP	OB/IB/IO/Sail	# 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"/>

- Type of operation: Boat Rental Fishing Trips Tube or Canoe Rental Hunting
 Other: _____
- 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
- Are life vests (PFDs): Required? Yes No Provided? Yes No
- Do you carry Hull & Protection & Indemnity coverage on any listed watercraft? Yes No
If yes, provide details: _____
- If operations are seasonal, ashore: From: _____ To: _____
Where stored when not in use or ashore: _____
- Percentage of your operations which are unguided: _____ %
- Number of guides: _____

**IMPORTANT NOTICE
DECLARATION**

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.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address