

Allen Financial Insurance Group

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APPLICATION FOR OUTFITTER/GUIDE AND GUEST/DUDE RANCH LIABILITY:

Desired Effective Date: _____

Name of applicant: _____

Business name: _____

Mailing address: _____

Telephone number: _____ Number of years in business: _____ Annual Gross Receipts: _____

Location of all premises which are to be covered by this insurance. (Private, National Forest, Government Lands or Hunting Unit Numbers) List all: _____

INSURED AS: _____ Individual: _____ Corporation: _____ Partnership: _____ Join Venture: _____

ALL QUESTIONS MUST BE FULLY ANSWERED

1. Description of Operations: _____

2. Limits of Liability Requested: _____ \$500,000 _____ \$1,000,000, \$1,000 guest medical included.

3. Does insured have a current outfitter license? _____ Lic. Number _____ States Issued: _____

4. Has your license or use permit ever been revoked or suspended? _____ Yes _____ No

5. Name of Insurance Company (not agency) and Policy Number who you are currently insured with: _____

6. Current Premium: _____

7. Has any insurance company declined, canceled or non-renewed your insurance? ___ Yes ___ No (if yes, explain)

8. Have there been any losses or claims? ___ Yes ___ No

9. Do you currently have any claims pending (if yes explain): _____

10. Period of Operations: Year Round _____ Seasonal _____ Month From _____ To _____

11. Total number of guides you employ _____ Do you have a Designated Agent? _____ If yes, name _____

12. Ratio of guides to guests _____ Do you have a pre-activity briefing for all guests? _____

13. Is outfitter/guide operation in conjunction with a Resort _____ Ranch _____ Guest/Dude Ranch _____

14. Total number of guest days for all activities _____ (ie. 1 guest for 1 day=1 guest day)

THE FOLLOWING QUESTION, LIST THE TOTAL NUMBER OF EACH USED IN YOUR OPERATION:

15. Number of saddle animals used for big game hunting and summer pack trip (guided trips only) _____

16. Number of pack animals used for big hunting & summer pack trips (ie. mules, horses, llamas) _____

17. Number of saddle animals used for trail rides (ie. guided hourly to daily) _____

18. Number of snowmobiles used (guided tours only, no rentals) _____

19. Do you do cross country skiing? (groomed trails only) No Rentals: Yes _____ No _____

20. Do you operate a guide school? _____ Number of guest cabins _____ Number of guest lodges _____

WATER ACTIVITIES:

21. Do you use any of the following types of boats (non-white water use only)? If so number of each used.

Rubber Raft _____ Drift Boats _____ Row Boats _____ Kayaks _____ Canoes _____ Float Tubes _____
Boats with motors under 25 hp. _____

List all waters used: _____

22. This cover is for guided trips only, no rentals. Describe first aid equipment carried: _____

23. Are coast guard approved life jackets used and worn? _____ MANDATORY

24. Do all boatmen and guides have a Red Cross First Aid Qualification Card? _____

25. Do you have any of the following used with your outfit or guest/dude ranch? If so, list number of each.

Swimming Pools ___ Hot Tubs or Spas _____ Saunas _____ Any swimming allowed in ponds or lakes _____

26. Any marinas, docks, boat slips or airstrips exposure? If so, explain _____

WAGON RIDES:

27. Do you have any of the following? If so number used and months used.

Hay Wagons _____ Months _____ Sleigh Rides _____ Months _____ Buggy Rides _____ Months _____
Stage Coaches _____ Months _____

28. Do you use mountain bikes (guided tours only) no rentals _____ if yes, number used _____

29. Any back packing or hiking (guided tours only) no mountaineering: Yes _____ No _____

30. Please attach a copy of the release of liability for that use in your operation.

31. List all government entitles that need additional insured coverage and certificates issued to. Name & address for each.

32. List all private land owners that need coverage as an additional insured & certificates issued to.

33. List name and address of licensing boards that need certificates issued.

IF THIS IS A GUEST/DUDE RANCH WITH NO OUTFITTING EXPOSURE, HOW MANY OF THE FOLLOWING DO YOU USE ?

(This means that you do not have nor need an outfitters license)

Saddle animals used for hourly or trail rides (number & months used) _____

Please read this application carefully, all questions must be answered. Use ink or type, no applications completed in pencil will be accepted. All blanks MUST BE completed either with an answer or none or not applicable (n/a) as this application becomes part of the policy when issued. Please send a brochure with this application or other printed material used for advertising that pertains to any or all of your activities.

Signature of Insured _____ Date _____

Printed Name of Insured _____

Agency: _____ Phone: # _____

Address: _____ Fax: # _____