PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

Allen Financial Insurance Group

GUIDES AND OUTFITTERS APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured: _____
Principal Contact: _____
Mailing Street Address: _____
Mailing City: _____ State: _____ Zip: _____
Location Street Address: _____
Location City: _____ County: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Website: www. _____
Risk Management Contact: _____ Risk Management's Phone: _____
Risk Management Email: _____
Business Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
Effective Date: _____
Limit of Liability requested:
☐ $ 300,000 Occurrence
☐ $ 500,000 Occurrence
☐ $1,000,000 Occurrence

1. Does the Applicant operate any other business from this location? ☐ Yes ☐ No
   (List information below for each business, use a separate sheet to list information if necessary)
   If yes, type of entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
   Description of business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		$	$
Two Years Ago		$	$
Three Years Ago		$	$

ADDITIONAL INSUREDS (*if necessary use another sheet of paper*)

Name	Complete Address	Interest

ACTIVITY INFORMATION				
Actual Total Receipts for Prior 12 Months:				$
Estimated Total Receipts for Next 12 Months:				$
Activities Conducted	**# of Guides**	**# of Units**	**User Days**	**Revenues**
Guided Fishing				$
Hunting				$
Shooting Range – Rifle or Pistol				$
Hiking / Backpacking				$
Horseback Riding				$
Hay, Sleigh or Wagon Rides				$
Lodging / Cabin Rentals				$
Retail Store				$
Bike Rentals				$
Mountain Bike Riding				$
Road Cycling				$
Boating				$
Jet Skis or Wave Runners				$
River Tubing				$
Sea Kayak Tours /Rentals				$
Waterskiing				$
Whitewater Rafting				$
SCUBA Diving				$
Cross Country Skiing				$
Dog Sled Tours				$
Downhill Skiing				$
Snowshoeing				$
ATV-guided				$
ATV-unguided				$
Snowmobiles-guided				$
Snowmobiles-unguided				$
Climbing Wall				$
Rock Climbing				$
Paintball				$
Youth Camps or Programs				$
Other, describe:_____				$

OPERATIONS INFORMATION

1. Does the Applicant require guests to sign a liability waiver? ☐Yes ☐No
2. Does the Applicant require guests to complete a health & physical fitness form? ☐Yes ☐No
3. Does the Applicant have a brochure or web page? ☐Yes ☐No
4. How many years have you been in business?_____Years
5. If you are a new venture, how many years of prior experience?_____Years
6. Are any operations conducted outside of the United States? ☐Yes ☐No
7. Does the Applicant hire guides as sub-contractors? ☐Yes ☐No
   If yes, for what activities?_____
   If yes, do you obtain proof of insurance? ☐Yes ☐No
8. Is your business operational year round? ☐Yes ☐No
   If no, number of months you are operational:_____Months

GUIDE INFORMATION		
Name	**Years Experience**	**First Aid Qualifications**

LODGING SECTION ☐N/A

Guest Quarters

1. Total number of units for guest rental?_____
2. Number of RV spaces:_____ Tent sites:_____
3. Maximum guest capacity is:_____
4. Do all cabins / units have smoke alarms? ☐Yes ☐No
5. Is there a CO alarm installed? ☐Yes ☐No
6. Does the Applicant have a swimming pool or swimming area? ☐Yes ☐No
   If yes, does the Applicant have a diving board? ☐Yes ☐No
7. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** ☐Yes ☐No

_____

RETAIL OPERATIONS ☐N/A

1. Does the Applicant have retail operations for any of the following?
   ☐General Store ☐Ski Equipment Sales ☐Fishing Equipment Sales
   ☐Liquor Store ☐Ski Equipment Rental ☐Fishing Equipment Rental
   ☐Gun Sales ☐Restaurant
2. What are the Applicant's total annual gross sales from retail operations: $_____

HUNTING SECTION ☐N/A

1. What is the maximum guide to guest ratio?_____ Guides to _____ Guests
2. What is the maximum number of hunters at any one time?_____
3. Does the Applicant operate drop camps? ☐Yes ☐No
4. Is livestock provided with drop camps? ☐Yes ☐No
5. What percentage of your hunting operations are unguided?_____%
6. What type of game is being hunted?
   ☐Elk ☐Deer ☐Exotics ☐Bear ☐Turkey ☐Waterfowl
   ☐Upland Birds ☐Hogs ☐Other, describe:_____
7. Are tree stands used? ☐Yes ☐No
   If yes, are safety harnesses required? ☐Yes ☐No
8. Does the Applicant use any of the following to transport hunters? If yes, how many?
   ☐ATVs:_____
   ☐Horses:_____
   ☐Snowmobiles:_____
   ☐Boats:_____
   ☐Other Unlicensed Vehicles:_____
9. If ATVs and/or Snowmobiles are used, are helmets required while riding? ☐Yes ☐No

BICYCLE SECTION ☐N/A

Tour Information

1. Maximum number of cyclists on a tour?_____
2. Maximum number of tours operating on the same day?_____
3. Number of guides on a tour?_____
4. Are helmets required? ☐Yes ☐No
5. What is the percentage of tours operated: Off Road _____% vs. On Roadways _____%
6. Does the Applicant pre-screen guests to determine ability prior to riding? ☐Yes ☐No
7. Do guides carry any communication device with them? (2-way radio, cell phone, etc.) ☐Yes ☐No
   If yes, what type?_____

WATERCRAFT LIABILITY SECTION ☐N/A

Boat Schedule *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No

WATERCRAFT GENERAL INFORMATION

1. What type of operation does the Applicant have?
   ☐ Boat Rentals ☐ Fishing Trips ☐ Tube or Canoe Rentals ☐ Hunting ☐ Other:_____
2. On what bodies of water does use take place?
   ☐ Rivers ☐ Lakes ☐ Ocean ☐ Bays / Inlets
3. If rivers, what classes are boated:
   ☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V
4. Are life vests (PFD's) required? ☐ Yes ☐ No
5. Are life vests (PFD's) provided? ☐ Yes ☐ No

CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION ☐ N/A

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		
Rafts		
Stand Up Paddle Boards		

1. What percent of the Applicant's operations are unguided:_____%
2. Number of guides?_____

EQUINE SECTION ☐ N/A

Ride Information

1. Total number of horses available for guest riding?_____
2. Maximum number of horses in use for guest riding at any one time?_____
3. Average number of horses in use for guest riding at any one time?_____
4. What is the youngest rider the Applicant will allow on a horse?_____ years old
5. Does the Applicant offer the use of helmets? ☐ Yes ☐ No
6. Does the Applicant ever allow double riding? ☐ Yes ☐ No
7. What percentage of the Applicant's guests ride: Western Saddle:_____% vs. English Saddle:_____%
8. What percentage of the Applicant's horse operations are: Unguided:_____% vs. Guided:_____%
9. What is the maximum guide to guest ratio?_____ Guides to _____ Guests
10. Does the Applicant operate pony rides? ☐ Yes ☐ No
    If yes: ☐ Trail Ride ☐ Riding Ring ☐ Hand Led ☐ Other (describe):_____

GUEST & SAFETY INFORMATION

1. Does the Applicant require guests to complete a physical fitness information form prior to riding? ☐ Yes ☐ No
2. Does the Applicant pre-screen guest riders and determine ability prior to riding? ☐ Yes ☐ No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) ☐ Yes ☐ No
4. Does the Applicant conduct a pre-ride safety briefing with guests? ☐ Yes ☐ No
5. Does the Applicant provide a written safety manual of procedures to all staff members? ☐ Yes ☐ No
   If yes, provide a copy.
6. List reasons why you would decline a person from riding (health, age, weight,alcohol, general, pregnancy):

   _____
7. Does the Applicant board horses for a fee? ☐ Yes ☐ No
   If yes, how many?_____
8. Does the Applicant teach or allow your guest to participate in:
   ☐ Dressage ☐ Cattle Drives ☐ Inoculations ☐ Barrel Racing
   ☐ Horse Jumping ☐ Team Penning ☐ Sleigh Rides ☐ Branding Cattle
   ☐ Horse Racing ☐ Roping Cattle ☐ Hay Rides ☐ Handling Livestock
   ☐ Buckboard / Buggy Rides
9. Are guests allowed to handle, rope or brand livestock? ☐ Yes ☐ No
10. If the Applicant conducts cattle drives, what is the number of:
    Wranglers to Riders:_____ Maximum Duration:_____ Maximum Distance:_____
11. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in:

    _____

AUTOMOBILE

1. Does the Applicant have a formal driving policy in place with MVR standards? ☐Yes ☐No
   If yes:
   a. Is driving policy communicated in writing to all employees? ☐Yes ☐No
   b. Is a signed acknowledgement form kept on file? ☐Yes ☐No
      If yes, please provide a copy of signed acknowledgement.
   c. Do driving standards include the following:
      i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? ☐Yes ☐No
      ii. No more than 2 moving violations within past 3 years? ☐Yes ☐No
      iii. No more than 1 at fault accident within past 3 years? ☐Yes ☐No
2. How often does the Applicant check MVR reports?_____
3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driving training? ☐Yes ☐No
4. Describe any ongoing training provided to drivers:

5. Does the Applicant have GPS tracking capability? ☐Yes ☐No
6. Does the Applicant allow employees to drive personal vehicles for company purposes? ☐Yes ☐No
   If yes:
   a. Are the driving policy and standards for these drivers the same as in questions 1-3? ☐Yes ☐No
   b. Does the Applicant require these employees to have adequate personal insurance limits? ☐Yes ☐No

LOSS HISTORY

Date	Description of Incident	Amount Paid/Reserved
		$
		$
		$

1. Does the Applicant have knowledge of any incident which may lead to a claim? ☐Yes ☐No
   If yes, please describe:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company**

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO 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). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN 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 OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)