



GUIDES & OUTFITTERS APPLICATION AND RISK SURVEY

Date: _____

Named Insured: _____

Mailing address: _____

Billing Contact Name: _____

Location(s) of Operations: _____

Effective Date: _____ Expiration Date: _____

Type of Operation: Individual Partnership Corporation Other _____ Explain _____

Contact Name _____ Phone Number () _____

Years in Business _____ Website Address _____
(If less than 3 years, please provide resume and previous experience.)

List Guide Information as follows:

NAME	AGE	YEARS OF EXPERIENCE	FIRST AID TRAINING REQUIRED	
			YES	NO

Has any guide been involved in an incident which resulted in death or serious injury? Yes No
If yes, please provide details _____

Do you have pre-activity briefings for guests? Yes No Please explain

What percentage of your operations is on:
Forest Service Land _____% Wilderness Acres _____% BLM Land _____% Leased Land _____%

Has the business, owner(s), or partners or principal shareholders ever voluntarily surrendered or had any license refused, suspended or revoked? Yes No
If yes, please explain:

General Liability Coverage

General Aggregate	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$ 600,000	<input type="checkbox"/> \$ 300,000
Products/Comp Ops Agg	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$ 600,000	<input type="checkbox"/> \$ 300,000
Personal Injury	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$ 300,000	<input type="checkbox"/> \$ 100,000
Occurrence	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$ 300,000	<input type="checkbox"/> \$ 100,000
Fire Legal	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 100,000

Increase Fire Legal limit to _____ (only if other than \$100,000)
 Hired and Non Owned Coverage Limit \$ _____
 Umbrella Policy limit requested?
 Additional insureds: _____ Lessor of leased equipment
 _____ Lessor of premises
 _____ Mortgagee Owner of Leased
 Land _____

Property Coverage – Please complete property ACORD 140-S application

Crime Coverage

Loss of Money & Securities: Loss Inside the premises \$ _____ Loss Outside the premises \$ _____
 Employee Dishonesty \$ _____

Number of officers and employees who have custody of the money: _____

Is there an audit by? CPA Public Accountant Staff Other:

Audit Requency? Annual Semi-Annual Quarterly Other

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No

Audit Report is rendered to: Owner Partners Board of Directors Other

Inland Marine Coverage

	Type	Value	Location
1.			
2.			
3.			

Risk Survey Section

TYPE OF OPERATIONS

Guided Hunting
Guided Fishing
Guided Hiking

GROSS RECEIPTS

TYPE OF OPERATIONS

Guided Cross Country Skiing
Guided Bike Tours
Other

GROSS RECEIPTS

FOOD SERVICE

Restaurant
Bar Serving Liquor

GROSS RECEIPTS

FOOD SERVICE

Snack Bar
Other

GROSS RECEIPTS

Are restaurant & lodging receipts included in the operations section? Yes No

Are these operations to be included under this policy if issued? Yes No

Swimming Pools:

How deep? _____ Indoor or Outdoor? _____

Depth markings are located at what intervals? _____ How often is water tested? _____

Is there a diving board? Yes No Is a lifeguard present? Yes No Certified? Yes No

SWIM AT YOUR OWN RISK sign posted with pool rules? Yes No Hours of Operation? _____

Is pool rented out for parties? Yes No Explain: _____

Whirlpools/Jacuzzi:

Indoor or Outdoor? _____

How often is water tested? _____

What temperature is water kept? _____

How many at facility? _____

Previous Carrier Information (Last Three Years)

	CARRIER	EXPIRATION	ANNUAL PREMIUM
PROPERTY			
GENERAL LIABILITY			
CRIME			

List any property or liability claims. (Attach loss runs or signed statement from insured.)

SUBMISSION REQUIREMENTS:

- 1) Property and General Liability Acord Applications
- 2) "No loss letter" signed by the insured for risk less than \$5,000
- 3) Current plus prior three year company loss runs for risk greater than \$10,000
- 4) A copy of insured's Waiver of Liability Form

No application will be accepted unless signed by the insured.

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

Signature of Applicant _____

SS# _____

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Signature of applicant

Date