



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 INSURED (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the Applicant require guests to complete a health & physical fitness form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the Applicant have a brochure or web page?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the Applicant hire guides as sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, for what activities? _____		
If yes, do you obtain proof of insurance?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is your business operational year round?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, number of months you are operational: _____ Months		

GUIDE INFORMATION		
Name	Years Experience	First Aid Qualifications

LODGING SECTION N/A**Guest Quarters**

- Total number of units for guest rental? _____
- Number of RV spaces: _____ Tent sites: _____
- Maximum guest capacity is: _____
- Do all cabins / units have smoke alarms? Yes No
- Is there a CO alarm installed? Yes No
- Does the Applicant have a swimming pool or swimming area? Yes No
If yes, does the Applicant have a diving board? Yes No
- 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

- 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
- What are the Applicant's total annual gross sales from retail operations: \$ _____

HUNTING SECTION N/A

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

BICYCLE SECTION N/A**Tour Information**

- Maximum number of cyclists on a tour? _____
- Maximum number of tours operating on the same day? _____
- Number of guides on a tour? _____
- Are helmets required? Yes No
- What is the percentage of tours operated: Off Road _____ % vs. On Roadways _____ %
- Does the Applicant pre-screen guests to determine ability prior to riding? Yes No
- 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	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> 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 pre-screen guest riders and determine ability prior to riding? Yes No
2. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) Yes No
3. Does the Applicant conduct a pre-ride safety briefing with guests? Yes No
4. Does the Applicant provide a written safety manual of procedures to all staff members? Yes No
If yes, provide a copy.
5. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

6. Does the Applicant board horses for a fee? Yes No
 If yes, how many? _____
7. 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 Rodeo
8. Are guests allowed to handle, rope or brand livestock? Yes No
9. If the Applicant conducts cattle drives, what is the number of:
 Wranglers to Riders: _____ Maximum Duration: _____ Maximum Distance: _____
10. 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: _____

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing
 - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____%
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

 - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A
 2. Emergency Water Response (domestic and AS water lines)
 - a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
 - b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
 - c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A
 3. Automatic Water Shutoff Devices
 - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A
 4. Unused/Vacant Spaces
 - a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A
 5. Unheated Areas (attics, crawl spaces, exterior wall joists)
 - a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

-
6. General Comments:

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, WA AND WV).**

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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 _____
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ADDRESS (STREET, CITY, STATE, ZIP) _____



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Website: www: _____

Nature of Operations: _____

1. Annual sales or revenue: \$ _____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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DATE _____

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