

## GUIDES OR OUTFITTERS

### SUPPLEMENTAL APPLICATION - COMMERCIAL GENERAL LIABILITY

(Use with ACORD 125 Commercial Insurance Application – Applicant Information Section)

Applicant's Name:

(First Named Insured) \_\_\_\_\_

**1. Limits**

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (Any one fire)	\$
Medical Expenses (Any one person)	Excluded

2.	Briefly summarize your operation and attach any brochures or other advertising materials used by you:
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3.	Operations:	Year-round <input type="checkbox"/>	Seasonal <input type="checkbox"/> from _____ to _____
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4.	What were the maximum number of guides your operation had on any one day last year?	
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**5. List guides below: (Guide minimum age is 21 unless listed below)**

Name	Age	Years Experience	First Aid Training Required	
			Yes	No

6.	Has any guide been involved in an incident which resulted in a death or serious injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide details:

7.	Do you have pre-activity briefings for guests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Explain:

8.	What percentage of your operations is on Federal or State forestry service lands, parks, wilderness acres, or BLM land?		%
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**9. Operations**

	Description	# Guest Days	Gross Receipts
a.	Guided hunting		\$
b.	Guided fishing		\$
c.	Wagon/hayride/sleigh/carriage		\$
d.	Mountaineering – hiking		\$
e.	Guided trail rides/livery		\$
f.	Cross-country skiing		\$
g.	Guided snowmobiling		\$
h.	Guided dog sled tours		\$
i.	Bike tours		\$
j.			
k.	Total Operations		\$

10.	Number of saddle animals used in any one trip?	
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11.	Total number of horses	Owned	Leased
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12.	Number of pack animals used in any one trip?		
13.	Lodging – guest sleeping units/cabins	# of Units	Annual Receipts \$
14.	Food Service		Receipts
a.	Restaurant		\$
b.	Snack Bar		\$
c.	Other (describe)		\$
15.	Are restaurant and lodging receipts included in question #9 above?		Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are these operations to be included under this policy if issued?		Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Swimming Facilities		Number
a.	Pool		
b.	Hot tub/spa		
c.	Lake		
d.	River		
e.	List all safety features (signs, fencing, equipment, lifeguards, other precautions)		
18.	Has the business, owner(s), partners or principal shareholders ever voluntarily surrendered or had any license refused, suspended or revoked		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain fully:			
19.	Name/Address of anyone requiring proof of insurance coverage. Describe their relationship to you.	Additional Insured	Certificate
a.		<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>
20.	Do you work with any independent contractors?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, with whom and describe:			
21.	Completely describe any operations not covered above:		
22.	Do you have knowledge of any incident that may lead to a claim?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain fully:			

I hereby make application to the insurance company for the insurance described above and warrant the above representations to be true. Furthermore, I understand that if the insurance company accepts this application in reliance upon the truth herein, **that operations not listed as part of the business will not be covered.** In addition, the insurance company may elect to exclude some operations that are listed.

**FRAUD NOTICE:** 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.

I (we) understand that it is a condition of our being accepted for General Liability Insurance that we have each client read and sign (1) a disclosure of the risk inherent in guided activities, (2) a disclaimer that the guide professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, and (3) a waiver or release of liability. A copy of the Disclosure, Disclaimer, and Waiver or Release of Liability Form(s) that I (we) use is attached to this application.

Applicants Signature

Title

Date