

SUPPLEMENTAL INSURANCE APPLICATION FOR OUTDOOR PROGRAM

Desired Effective Date _____

Today's Date _____

Producer: _____

This is an application for insurance. Completing this application does not make coverage effective. Contact your agent to make your insurance effective.

REQUIRED ATTACHMENTS

With your application, please also attach:

- 1.) Brochures &/or website describing what you do.
- 2.) Other insurance applications (such as Acord) for other lines of coverage requested
- 3.) A copy of the liability waiver form you require your guests to sign
- 4.) Five years currently valued company loss runs.
- 5.) Any required supplements: completed, signed & dated by risk

Insured: _____

Mailing Address: _____

Mailing Address: (Town, State, Zip) _____

Insurance Contact Name(s) : _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: www. _____

Main Location: _____

From this location do you also operate other businesses? Yes No

If you operate other businesses please include information about them in pages which follow.

Do you operate out of more than one location? Yes No

Please record your other location(s) here:

(For multiple locations, use a separate sheet of paper.) _____

You set your business up as a:

Partnership LLC Individual Corporation Other

Please Describe Your Business: _____

What limit(s) of liability are you applying for? \$1,000,000 Other : _____

If you require Hired &/or Non Owned Auto Coverage, please complete and return the Hired & Non Owned Auto supplemental. Coverage Requested: Hired Auto Only Non Owned Auto Only Both

Prior Carrier Information If you are in Missouri, please leave the premium space blank.

	Insurance Company	Liability Limits	Premium
Current Year	_____	_____	_____
Previous Year	_____	_____	_____
Three Years Ago	_____	_____	_____

Additional Insured Certificates Requested (If necessary attach additional sheet)

*****PLEASE NOTE THAT THERE MUST BE A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE ADDITIONAL INTERESTS. IF THERE IS NOT A WRITTEN CONTRACT, PLEASE INDICATE NEXT TO THE NAME BELOW THAT THERE IS NOT A WRITTEN CONTRACT*****

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you conduct guided activities on land you own? Yes No

Do you operate your business year round? Yes No

If this answer is "No" please cross out those months below when your business does not operate:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Please tell us about yourself or about your organization (**CIRCLE** all that apply).

- WE ARE A COMMERCIAL BUSINESS
- WE LEASE OR SUB-LEASE LAND TO OTHERS
- WE DO NOT OWN LAND
- WE OWN LAND ON WHICH AT LEAST SOME OF OUR ACTIVITIES TAKE PLACE
- WE OWN OR LEASE A BUILDING WHICH AT LEAST SOME OUR ACTIVITIES TAKE PLACE
- WE LEASE OUR RESTAURANT/BAR TO OTHERS TO OPERATE
- WE DO NOT ALLOW THE CONSUMPTION OF BEVERAGES CONTAINING ALCOHOL ON OUR PREMISES
- WE WILL SERVE BEVERAGES CONTAINING ALCOHOL TO GUESTS, BUT WE DO NOT SELL BEVERAGES CONTAINING ALCOHOL

For clubs:	Number of Members: _____	Membership is	Open to the public	Private
Land Use:	Number of acres: Owned: _____	Leased <u>from</u> others: _____	Leased <u>to</u> others: _____	
Game	Do you raise game birds for sales to others? Yes No			
Birds:	Do you sell game birds to food processors or to restaurants? Yes No			
Farming:	If you operate a farm, which crops or livestock do you raise? _____ Farm Receipts _____			
Buildings:	Do you have a Clubhouse? Yes No Do you have any other buildings ? Yes No			
	If yes, please describe: _____			
Diagram:	If you have two or more buildings of any type, please attach a diagram showing them and their spacing. Use of heavy equipment (tractors, bulldozers, etc.) is Frequent Rare Nonexistent			
Waterways:	On land you lease from others, is there access to a pond, lake, river, or ocean? Yes No			
	On land you own, is there access to a pond, lake, river, or ocean? Yes No			
	If Yes, do you have (check off those which apply) piers or docks refueling dock slips for rent boats for unguided use – if you have boats please complete the watercraft schedule in pages which follow.			
Choose all that apply – we have a swimming pool we have a swimming area (if either checked, complete supplemental)				
Do you engage in businesses or activities on your premises which you do not want covered under the insurance you are applying for? Yes No (If yes, please attach explanation to submission)				

Revenue, Sales, and Operations Information

Total sales/revenue 2 years prior \$ _____ 1 year prior \$ _____ Expiring \$ _____

Anticipated sales/revenue for next 12-month policy period: \$ _____

If anticipated sales/revenue represents an increase or decrease of more than 25% from the expiring, please explain:

Are you licensed to sell new and used firearms and ammunition? Yes No

Category (complete for 12-month policy period being covered)	Amount of Revenue	Additional Information
Club Membership dues	\$ _____	
Revenues from operating range(s) for rifles or pistols	\$ _____	Game bird sales to others \$ _____
Revenues from operating range(s) for shotguns/trap & skeet	\$ _____	Ski Equipment Sales and or Rental \$ _____
New Gun Sales	\$ _____	How many new handguns sold? _____
Used Gun Sales	\$ _____	How many used handguns sold? _____
New Ammo Sales	\$ _____	
Reloaded Ammo Sales	\$ _____	Guest Revenue from Lodgings \$ _____
Gunsmithing, Repair/ Restoration	\$ _____	Restaurant sales excluding beverages containing alcohol \$ _____
Archery Equipment Sales or Rental	\$ _____	
Tree Stand Rental	\$ _____	
Tree Stand Sales	\$ _____	Alcohol Sales \$ _____
General Store	\$ _____	
Other Describe	\$ _____	

Revenue, Sales, and Operations Information Continued...

Guided Activities	If applic- able	\$ Sales/ Revenues	Unguided Activities	If applic- able	Indicate # of Stations, Lanes, ATVs, or \$Receipts
Waterfowl Hunting		\$	Archery Range		# of Stations:
Upland Bird Hunting		\$	Range (Rifle & pistol) outdoor		# of Lanes:
Big Game Hunting		\$	Range (Rifle & pistol) indoor		# of Lanes
Boating Activities		\$	Trap and Skeet		# of Stations:
ATV Activities Guided		\$	Sporting Clays		# of Stations:
Fishing &/or Hunting Pack Trips- with saddle/pack animals		\$	Retail Store / Pro Shop		\$
Other Explain:		\$	ATV Activities Unguided		# of ATV s:
Fishing		\$	Fishing		\$
Other Activities			If applicable		If Applicable, Provide \$ Sales/Revenues
Cycling Tours on Public Roads					
Bike Rentals					
Mountain Bike Riding					
Horseback Riding					
Hayrides, sleigh rides, wagon rides					
Downhill skiing					
Cross-country skiing					
Dogsled Tours					
Snowshoeing					
Hiking / Backpacking					
Jeep Tours or Airborne/Aircraft					
Youth Camps or Programs					
Tours Describe and provide \$sales:					
Ice Fishing					
Golf Carts available to guests or clients					
Paintball Activities					
Jet ski/waverunner activities					
Freshwater Tubing					
Kayak Tours / Rentals					
Scuba Diving					
Waterskiing					
Whitewater Rafting					
Survival training, "Boot camp," rehab, or other social service activity					
Climbing wall					
Rock climbing					
Zip Lines					
Recreational Trail Rides &/or Recreational Pack Trips					
Operations outside the United States (Describe)					
Other – please describe below					
Cattle Drives, Rodeos, Pony Rides or other Equestrian Exposures					

If you have a booklet of safety guidelines or procedures, including firearms safety guidelines or procedures, please attach those to this application when you submit it.

Do you have a webpage or a brochure? Webpage Yes Brochure Yes (please attach)

How long have you been in business? _____

If your business is less than 3 years old, how many years of prior experience do you have? _____

Sponsored Youth Events are: Frequent Rare Nonexistent

Have you had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the last five (5) years?

Lodging Information

Check here if you do not provide Lodging Not Applicable

Do all guest units contain smoke alarms ? Yes No

Total number of units for guest rental

Maximum guest capacity?

RV Parks and Campgrounds: How many RV sites and campsites do you have available?

Special Event Information

Do you have special events? Yes No (If yes, please complete special events supplemental)

Hunting Information

Check here if you do not engage in hunting Not Applicable

What percentage of your hunting operations are guided? [] % unguided? [] %

For unguided hunting, please describe hunter safety procedures: _____

Are clients & guests vetted for hunting/firearm experience prior to being allowed to hunt Yes No

On average, how many minors are present whether related or unrelated per year? _____

What type of game is hunted?

Deer Elk Bear Turkey Waterfowl Upland Birds Hogs Alligators

Other Describe _____

Maximum number of hunters in the field? Guided : _____ Unguided : _____

Are tree stands or other elevated stands used? ___Yes ___No If yes, are safety harnesses required? Yes No Do you furnish or sell safety harnesses? ___Yes ___No

HUNTER TRANSPORTATION* - Below please check off how you transport hunters and how many of each type you use.		
ATV s How many? _____ Are helmets required Yes No	Snowmobiles How many? _____ Are helmets required? Yes No	Other - Describe How many?
Vehicles that are plated and insured elsewhere? How many? _____	Boats How many? _____ Are life jackets available for all passengers? Yes No	Horses How many? Are helmets available for all riders? Yes No

Are clients/guests allowed to bring their own ATVs, snowmobiles &/or Horses? Yes No

Do you maintain the trails used for these activities? Yes No

Waiver Information

Do you require every client/guest/member to sign a waiver of liability ___ Yes ___ No

Do you require a parent/guardian to sign a waiver for all children under age 18? ___ Yes ___ No

Do you maintain copies of all signed waivers for at least five years? ___ Yes ___ No

Do you require guests or clients to complete a health and physical fitness form? ___ Yes ___ No

Rifle Pistol Range Information

Does the insured strictly enforce and require eye & ear protection to be worn at all times and are there signs to this effect? ___ Yes ___ No

Are there bars on all windows, crash barriers in front of all doors, centrally monitored burglar alarms, security cameras and safes where guns/ammunition are housed at night? ___ Yes ___ No

If your shooting range(s) include outdoor range(s), is the perimeter fenced and are shooting range warning signs posted? ___ Yes ___ No

When not operating are your outdoor and indoor ranges secured and locked? ___ Yes ___ No

Is a rangemaster / supervisor on the range at all times? ___ Yes ___ No

Do you allow the use of "tracer rounds" or military surplus rounds? ___ Yes ___ No

What is the minimum age of shooter allowed on the range? _____

Use of modified or automatic weapons is: Frequent Rare Nonexistent

How do you qualify a customer, previously unknown to you, that requests unsupervised use of a shooting station?

Please explain: _____

What type of backstop, berm or other barriers are used between range lanes and at the end of the ranges? Describe: _____

Sub-Contracting

Do you hire other firms (such as guide firms) as sub-contractors? Yes No
 If the answer above is Yes,
 what activities do you sub-out? _____
 If you hire other firms as sub-contractors, do you require proof of insurance from them? Yes No
 If you sub-contract work, please list the sub-contractor firms below:

Guide Information Please list below the guides who work for you (attach additional pages if necessary)

Name	Age	Years of Experience	Credentials including First Aid Qualifications

What percentage of your guides are employees versus independent contractors?
 _____%Employees _____%Independent Contractors
 Do you operate a guide apprentice type of program before adding a candidate guide to your team? Yes No
 What type of background checks do you perform before adding a candidate guide to your team? MVR check Drug Testing Other : _____
 Do guides carry communication devices? Yes No If yes, please describe below:

Canine Information Check here if this does not apply to you Not Applicable

Has any dog owned by you or kept on the premises of operations caused injury to anyone? Yes No
 List total # of dogs _____ What breed(s)? _____
 Are all canines up to date on vaccinations? Yes No

Watercraft Information Check here if this does not apply to you Not Applicable

How are watercraft used in your business? (Check all that apply) Rented for waterskiing or similar tubing
 Guided fishing trips To transport hunters Provided/rented for use in other guided activities
 Rented out for unguided activities Other Please Explain _____
 On what bodies of water do your guests use watercraft? Rivers Lakes Ocean Bays/Inland waterways
 If you checked Rivers above, what classes of rivers are included? Class I Class II Class III Class IV Class V When you provide watercraft, do you include the necessary number of lifevests (PFDs)? Always Most of the time
 Do you rent watercraft to others, or make watercraft available to others? Yes No Are life vests (PFDs) a required part of the rental or available watercraft? Yes No
 If you rent out watercraft or have watercraft available to others, how would you categorize the watercraft?
 Kayaks Canoes Rowboats Driftboats Sailboats Tubes Jetskis/Waverunners Paddleboats
 Other – Explain _____ Power boats shown below

BOAT SCHEDULE – POWER BOATS LIST BOATS BELOW (if more than five please attach a separate schedule.)

Length	HP	Year Made	Make & Model and serial numbers of units	OB / IB / IO	#Pas-sengers	%G (guided) %U (unguided)
						%G %U
						%G %U
						%G %U
						%G %U
						%G %U

Watercraft Information continued...

BOAT SCHEDULE – NON - POWER BOATS

Boat Type	Maximum available for use	Average Usage	%G (guided) %U (unguided)
Canoes			%G %U
Kayaks			%G %U
Tubes / Rafts			%G %U
Other boats Describe:			%G %U

Are any of the above watercraft customized or altered in anyway? Yes No If
yes to the above, was the customization done by the manufacturer? Yes No

Equine Information

No equine/horse/mule exposure exists *

Equine exposure exists (if this box is checked, please complete Equine supplemental)

*Equine exposure includes, but is not limited to, sleigh rides, hay rides and pack trips for hunting/fishing, whether guided or unguided, as well as trail rides and other equestrian/equine exposures such as horseback riding, pony rides, carriage rides, etc.

Property Section

If property coverage is being requested, and you have more than one (1) building at a single location, please complete the PROPERTY DIAGRAM on the last page of this application for each location that has two(2) or more buildings.

Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?	Yes	No
Is the responding fire department staffed or volunteer		
Are there other fire control water sources available with reasonable means to use that water source to extinguish a fire? Pool Pond/Lake Water Tank Other	Describe means:	
Is your location prone to grass fires and/or forest fires?	Yes	No
Are there buildings at your facility with limited access due to forest, terrain or season?	Yes	No
Are your buildings located in heavily wooded areas?	Yes	No
Are your buildings located in an area that is prone to drought?	Yes	No
Is the clearing from the forest/wooded areas greater than 150 feet?	Yes	No
Is your business operational year round?	Yes	No
If no, provide number of months you are operational:	Months:	
Are your buildings occupied year round?	Yes	No
If no, is there a caretaker on site? Yes No or contracted?	Yes	No
If no, are buildings winterized?	Yes	No
Are there operational smoke alarms in all corridors and all bedrooms?	Yes	No
What type of smoke alarms are installed? Hardwired Battery		
1) Do any buildings have cooking facilities and/or restaurants? If Yes – list building numbers/locations:	Yes	No
2) Are restaurants open to the general public or registered guests/clients only? Public Registered guests/clients	Frequency?	
Is there a regular cleaning schedule of all kitchen equipment? Yes No		
3) Do all commercial cooking stoves have some type of fire suppression system? Please provide details on fire suppression system?	Yes	No
Do any buildings have wood burning fireplaces and/or wood stoves? If yes, list building numbers/locations	Yes	No
Do any buildings have ACTIVE knob & tube aluminum wiring? If yes, list building numbers/locations	Yes	No
Are there any outdoor fireplaces/fire pits?	Yes	No
Are there any bridges over moving bodies of water (i.e. rivers/streams)? If yes, please provide engineering, construction and maintenance details:	Yes	No
Do the answers above apply to ALL buildings and ALL locations? If no, please copy the property section and complete it for each location/building	Yes	No
If property is located in Oklahoma:	Yes	No
If the property is located in a rural fire protection district or in an area protected by a rural fire department, has applicant paid all fire protection association dues or subscription payments?		

Dock Information

Number of Docks? :	
Number of Boat Slips? Average Occupancy Rate?	
Are there posted signs, clearly visible, stating no diving, swimming, jumping, etc. from docks? This is a liability question, so move it above the row where you say "Complete the questions below only if property coverage is requested for docks."	Yes No
Complete the questions below only if property coverage is requested for docks:	
Construction: Frame Metal Floating Fixed Roof Age:	
If roofed, has proper engineering for wind/snow loads been assessed?	Yes No
Does the water around your dock(s) freeze? Yes No If yes, what date on average?	
Are docks removed in the winter?	Yes No

Prior Loss Information

Date of Loss	Description of Incident	Amount Paid / Reserved
		\$
		\$
Are you aware of any incident not shown above, which may lead to a claim? __ Yes __ No If Yes, please describe:		

Other Business Pursuits

Please advise name of related business entities and a brief description of their operations and relationship to the above named insured (attach additional sheet if necessary):

FRAUD WARNINGS

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.

FLORIDA

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."

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

OHIO

"Any person who, with intent to defraud or knowing that he 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."

OKLAHOMA

WARNING: 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.

OTHER STATES AND TERRITORIES other than Hawaii

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [New York: substantial] civil penalties. (In D.C., Louisiana, Maine, Tennessee, Virginia, and Washington, insurance benefits may also be denied.

I hereby certify that all information is accurate to the best of my knowledge.	I hereby certify that all information is accurate to the best of my knowledge.
Applicant Signature Date	Producer Date

PROPERTY DIAGRAM

Show all buildings on the premises (whether insured or not) and distance in feet between them. Label all building and indicate "NC" if not covered.

