

QUESTIONNAIRE – OUTFITTERS AND GUIDES

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO", you are not eligible for coverage.

1. Are activities guided or under your direct control or supervision? Yes No
2. Do all employees, and the business, have licenses where required by law? Yes No
3. Do all tours or activities have at least one person with EMT or Red Cross first aid certification? Yes No
4. Do you obtain a release or waiver of liability from all participants? Yes No
 (Attach a copy of the waiver to this questionnaire.)

GENERAL INFORMATION

1. Location of Operations: _____
2. Summary of operation. (Attach any brochures or other advertising materials used.)

3. Operations are: year round seasonal: from _____ to _____
4. Contact Name _____ Phone Number (____) _____
5. List any professional associations you belong to:

6. Maximum number of tours/activities you had on any one day last year: _____
7. Years in business: _____ (If less than 3 years in business, please provide
 Years of related experience: _____ resume and describe previous experience.)
8. Has insurance ever been voluntarily surrendered by owners? Yes No
9. Have any required licenses ever been refused, suspended, or revoked? Yes No
 If the answer to 8. or 9. is "Yes", please explain fully below:

GUIDES

1. Age and experience of all guides: (use additional pages if necessary)

Name	Age	Years of Experience	First Aid Training Completed?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. Has any guide been involved in an incident resulting in death or serious injury? Yes No
 If yes, please provide details:

3. Do you have pre-activity briefings for guests? Yes No
 If yes, please provide details:

4. What percentage of your operation is on:
 Forest Service land: _____% Wilderness areas: _____%
 Bureau of Land Mgmt land: _____% Leased land: _____%

OPERATIONS

1. Complete the areas that are applicable to your operation:

Operations	Guest Days	Gross Receipts
Guided hunting/fishing (no pack animals, boats, or ATV's)		
Guided hunting/fishing (pack animals, boats, or dropcamps)		
Mountaineering/rock climbing		
Guided trail rides/livery		
Cross-country skiing		
Guided snowmobiling		
Guided mountaineering or dog sledding		
Guided bike, hiking, or photography tours		
Indoor climbing walls		
Team pennings or ropings		
Recreational clubs		
Total Operations		



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

2. Are restaurant and lodging receipts included in the operations receipts?
 Are these operations to be included? Yes No
 Yes No
3. Number of saddle animals/ATV's used on average in any one trip: _____
4. Number of horses owned: _____
 Number of horses leased: _____
5. Number of pack animals used in any one trip: _____
6. Number and types of boats used:

7. Water facilities: (state number of each)
 Pool: _____
 Hot tub/spa: _____
 Lake/pond: _____
 List all water safety features, such as signs, fencing, equipment, lifeguards, etc

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name and Address _____