



CAPITOL INSURANCE COMPANIES GUIDED RECREATIONAL SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____

GENERAL INFORMATION

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

3. Operations are: year round seasonal from _____ to _____
4. Contact Name _____ Phone Number () _____
5. What associations do you belong to? _____

6. Maximum number of guides you had on any one day last year: _____
7. Years in Business _____ (If less than 3 years, please provide resume and previous experience).

GUIDES

1. Age and experience of all guides:

Name	Age	Years of Experience	First Aid Training Completed?	
			Yes	No

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

3. Do you have pre-activity briefings for guests? Yes No
 Please explain: _____

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



OPERATIONS

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

Operations	Guest Days	Gross Receipts
Guided Hunting		
Guided Fishing		
Wagon/hayride/sleigh/carriage		
Mountaineering/rock climbing		
Guided trail rides/livery		
Cross-country skiing		
Guided snowmobiling		
Guided dog sled tours		
Bike tours – hi8king		
Total operations		

Are restaurant and lodging receipts included in the operations receipts? Yes No
 Are these operations to be included? Yes No

- 2. Number of saddle animals/ATV's used on average in any one trip: _____
- 3. Number of horses owned: _____ Number of horses leased: _____
- 4. Number of pack animals used in any one trip: _____
- 5. Number and types of boats used: _____
- 6. Complete if applicable:

Water Facilities Provided	Number

List all water safety features, such as signs, fencing, equipment, lifeguards, etc. _____

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
 Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant _____ Title _____ Date _____

Signature of Producing Agent _____ Date _____

Agent Name and Address _____