

## 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		
<b>Total Operations</b>		



- 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