

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## OUTFITTER & GUIDE APPLICATION

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Effective Date:

Website: www.

Business Type:

Corporation

Partnership

Individual

LLC

Other:

Limit of Liability requested:

\$ 300,000 Occurrence

\$ 500,000 Occurrence

\$1,000,000 Occurrence

1. Do you operate any other business from this location?

Yes No

(List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity:

Corporation

Partnership

Individual

LLC

Other

Description of business:

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

### ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

AGENCY:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

**THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.**

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies  
 8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031  
 Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900  
[www.outdoorinsurance.com](http://www.outdoorinsurance.com) ▪ [www.phly.com](http://www.phly.com)

ACTIVITY INFORMATION				
Actual Total Receipts for Prior 12 Months:				\$
Estimated Total Receipts for Next 12 Months:				\$
Activities Conducted	# of Guides	# of Units	User Days	Revenues
Guided Fishing				\$
Hunting				\$
Shooting Range – Rifle or Pistol				\$
Hiking / Backpacking				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Lodging / Cabin Rentals				\$
Retail Store				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Road Cycling				\$
Boating				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Sea Kayak Tours /Rentals				\$
Waterskiing				\$
Whitewater Rafting				\$
SCUBA Diving				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
Snowshoeing				\$
ATV-guided				\$
ATV-unguided				\$
Snowmobiles-guided				\$
Snowmobiles-unguided				\$
Climbing Wall				\$
Rock Climbing				\$
Paintball				\$
Youth Camps or Programs				\$
Other, describe:				\$

OPERATIONS INFORMATION			
1.	Do you require guests to sign a liability waiver?	Yes	No
2.	Do you require guests to complete a health & physical fitness form?	Yes	No
3.	Do you have a brochure or web page?	Yes	No
4.	How many years have you been in business?		Years
5.	If you are a new venture, how many years of prior experience?		Years
6.	Are any operations conducted outside of the United States?	Yes	No
7.	Do you hire guides as sub-contractors?	Yes	No
	If yes, for what activities?		
	If yes, do you obtain proof of insurance?	Yes	No
8.	Is your business operational year round?	Yes	No
	If no, number of months you are operational?		Months



<b>BICYCLE SECTION</b>	<b>N/A</b>
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**Tour Information**

1. Maximum number of cyclists on a tour?
2. Maximum number of tours operating on the same day?
3. Number of guides on a tour?
4. Are helmets required? Yes      No
5. What is the percentage of tours operated:      Off Road      % vs. On Roadways      %
6. Do you pre-screen guests to determine ability prior to riding? Yes      No
7. Do guides carry any communication device with them? (2-way radio, cell phone, etc.) Yes      No  
If yes, what type?

<b>WATERCRAFT LIABILITY SECTION</b>	<b>N/A</b>
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**Boat Schedule** *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						Yes      No
						Yes      No
						Yes      No
						Yes      No
						Yes      No
						Yes      No

<b>WATERCRAFT GENERAL INFORMATION</b>
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1. What type of operation do you have?  
Boat Rentals      Fishing Trips      Tube or Canoe Rentals      Hunting      Other:
2. On what bodies of water does use take place?  
Rivers      Lakes      Ocean      Bays / Inlets
3. If rivers, what classes are boated:  
Class I      Class II      Class III      Class IV      Class V
4. Are life vests (PFD's) required? Yes      No
5. Are life vests (PFD's) provided? Yes      No

<b>CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION</b>	<b>N/A</b>
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Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. What percent of your operations are unguided? %
2. Number of guides?

<b>EQUINE SECTION</b>	<b>N/A</b>
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**Ride Information**

1. Total number of horses available for guest riding?
2. Maximum number of horses in use for guest riding at any one time?
3. Average number of horses in use for guest riding at any one time?
4. What is the youngest rider you will allow on a horse? Years Old
5. Do you offer the use of helmets? Yes      No
6. Do you ever allow double riding? Yes      No
7. What percentage of your guests ride:      Western Saddle?      % vs. English Saddle?      %
8. What percentage of your horse operations are: Unguided?      % vs. Guided?      %
9. What is the maximum guide to guest ratio?      Guides to      Guests
10. Do you operate pony rides? Yes      No  
If yes:      Trail Ride      Riding Ring      Hand Led      Other(describe):

**GUEST & SAFETY INFORMATION**

1. Do you require guests to complete a physical fitness information form prior to riding? Yes      No
2. Do you pre-screen guest riders and determine ability prior to riding? Yes      No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) Yes      No
4. Do you conduct a pre-ride safety briefing with guests? Yes      No
5. Do you provide a written safety manual of procedures to all staff members? Yes      No  
**If yes, provide a copy.**
6. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):
  
7. Do you board horses for a fee? Yes      No  
If yes, how many?
8. Do you teach or allow your guest to participate in:
 

Dressage	Cattle Drives	Inoculations	Barrel Racing
Horse Jumping	Team Penning	Sleigh Rides	Branding Cattle
Horse Racing	Roping Cattle	Hay Rides	Handling Livestock
Buckboard / Buggy Rides			
  
9. Are guests allowed to handle, rope or brand livestock? Yes      No
10. If you conduct cattle drives, what is the number of:  
Wranglers                      to Riders                      Maximum Duration:                      Maximum Distance:
11. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in:

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes      No  
If yes, please describe:

## **FRAUD NOTICE STATEMENTS**

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF COLORADO APPLICANTS:** "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."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "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."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

**RESIDENTS OF LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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**RESIDENTS OF MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**RESIDENTS OF NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title

**(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR CEO)**

\_\_\_\_\_  
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