

**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)

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 (check off all that apply).**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> We are a club                | <input type="checkbox"/> We do not own land  | <input type="checkbox"/> We lease our restaurant / bar to others to operate   |
| <input type="checkbox"/> We are a commercial business | <input type="checkbox"/> We own land on which at least some of our activities take place                 | <input type="checkbox"/> We do not allow the consumption of beverages containing alcohol on our premises  |
| <input type="checkbox"/> We are a hunting preserve    | <input type="checkbox"/> We lease or sub-lease land to others  | <input type="checkbox"/> We will serve beverages containing alcohol to guests or members who bring their own. We do not sell or provide beverages containing alcohol. |
| <input type="checkbox"/> Other - describe _____       | <input type="checkbox"/> We own or lease a building in which at least some of our activities take place. | <input type="checkbox"/> We operate a restaurant and / or bar which sells or furnishes drinks containing alcohol  |
|   | <input type="checkbox"/> We own or lease a building which we lease out to others for special events      | If you sell or furnish beverages containing alcohol, please record here your alcohol sales last year reported for state sales tax purposes: [_____]                   |
|   | <input type="checkbox"/> We operate a clubhouse or main lodge  |   |
|   | <input type="checkbox"/> We furnish lodgings to guests and or members                                    |   |

Choose one:  We operate a Not-for-Profit enterprise  We operate a For-Profit enterprise

For clubs: Number of Members: \_\_\_\_\_ Membership is  Open to the public  Private

Land Use: Number of acres: Owned: \_\_\_\_\_ Leased **from** others: \_\_\_\_\_ Leased **to** 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	\$ _____	
Gunsmithing, Repair/ Restoration	\$ _____	Guest Revenue from Lodgings \$ _____
Archery Equipment Sales or Rental	\$ _____	Restaurant sales excluding beverages containing alcohol \$ _____
Tree Stand Rental	\$ _____	
Tree Stand Sales	\$ _____	Alcohol Sales \$ _____
General Store	\$ _____	
Other Describe	\$ _____	

## Revenue, Sales, and Operations Information Continued...

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

**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

**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: \_\_\_\_\_

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.

<input type="checkbox"/> ATVs How many? _____ Are helmets required <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Snowmobiles How many? _____ Are helmets required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other - Describe How many? _____
<input type="checkbox"/> Vehicles that are plated and insured elsewhere? How many? _____	<input type="checkbox"/> Boats How many? _____ Are life jackets available for all passengers? Yes No	<input type="checkbox"/> Horses How many? Are helmets available for all riders? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Waiver Information**

Do you require members to sign a waiver of liability?  Yes  No  
 Do you require every guest to sign a waiver of liability?  Yes  No  
 Do you require every client to sign a waiver of liability?  Yes  No  
 Do you require a parent or guardian to sign a waiver for any activities which their child or ward under the age of 18 engages in within the scope of what you do?  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**

Check here if you do not have a shooting range ⇒  Not Applicable

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

What are the hours when your shooting range operates?

When not operating are your outdoor and indoor ranges secured and locked?  Yes  No  
 Do you make your range available for use to law enforcement officers?  Yes  No  
 Is a rangemaster / supervisor on the premises during shooting hours?  Yes  No  
 Do you allow the use of "tracer rounds"?  Yes  No  
 Do you allow the use of military surplus rounds?  Yes  No  
 Use of Muzzleloaders is  Frequent  Rare  Nonexistent  
 Use of pistols is  Frequent  Rare  Nonexistent  
 Use of modified 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:

Do you allow unsupervised shooting by customers under the age of 18?  Yes  No

How long is your maximum distance range?

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

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 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
How many guides engage in non-power boat activities? _____			

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 BUP 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 Check here if property coverage not being requested N/A

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

### 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: <input type="checkbox"/> Frame <input type="checkbox"/> Metal <input type="checkbox"/> Floating <input type="checkbox"/> Fixed <input type="checkbox"/> Roof	Age: _____
If roofed, has proper engineering for wind/snow loads been assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the water around your dock(s) freeze? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what date on average?	
Are docks removed in the winter?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Do you have other business pursuits for which coverage is not requested here?    __ Yes    __No If Yes, please describe: _____
---

Use for additional explanation of any responses above 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



