



## Outfitters and guides insurance application

Business name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Website: \_\_\_\_\_  
 Location address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Contact person & phone number: \_\_\_\_\_

### Section 1 - Applicant information

1. Desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Indicate desired Limit of Liability:  \$ 500,000 occurrence / \$1,500,000 aggregate  
 \$1,000,000 occurrence / \$3,000,000 aggregate
3. Type of ownership:  Corporation  Sole Proprietor  Joint Venture  Limited Liability Company  Organization  
 Partnership  None FEIN: \_\_\_\_\_
4. For your business operation, have you ever had a fine, citation, suspension, or license revoked?  Yes  No  
 If yes, please explain: \_\_\_\_\_
5. List membership in any professional organizations: \_\_\_\_\_
6. a. Number of years in business: \_\_\_\_\_ If a new business, describe your prior experience: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Description of operations: \_\_\_\_\_ Total gross receipts: \$\_\_\_\_\_
7. Is there any other business conducted by you?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
8. Percentage of your operations: Guided: \_\_\_\_\_% Unguided: \_\_\_\_\_% Drop camp: \_\_\_\_\_%.
9. Do any additional insureds need to be added to the policy? (Liability only)  Yes  No  
 If yes, type of additional insured:  
 a.  Owner of premises  Land owner  Government entity  Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 b.  Owner of premises  Land owner  Government entity  Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Use a separate sheet to add more additional insureds.

**Section 2 - Liability insurance information**

1. Below must be completed in full in order to receive a quote, or attach 3-5 years currently valued loss information.

Company	Effective/expiration date	Premium	No. of claims	Amount paid
		\$		\$
		\$		\$
		\$		\$

2. Provide details of losses/incidents within the past three years with dates of loss, including amount paid in comments section 15.  None

3. Has your coverage been cancelled in the last 5 years? (Not applicable in Missouri.)  Yes  No

**Section 3 - Operations**

Operation	No Exposure	Receipts
ATV/UTV tours	<input type="checkbox"/>	\$
Bike trips / mountain biking	<input type="checkbox"/>	\$
Boat tours	<input type="checkbox"/>	\$
Cross country skiing	<input type="checkbox"/>	\$
Dog sled tours	<input type="checkbox"/>	\$
Dogs: <input type="checkbox"/> selling to <input type="checkbox"/> breeding <input type="checkbox"/> training dogs for public	<input type="checkbox"/>	\$
Drop camps	<input type="checkbox"/>	\$
Fishing	<input type="checkbox"/>	\$
Float Trips	<input type="checkbox"/>	\$
Guide School	<input type="checkbox"/>	\$
Hiking / backpacking	<input type="checkbox"/>	\$
Hunting	<input type="checkbox"/>	\$
Ice Fishing	<input type="checkbox"/>	\$
Kayaking / canoeing	<input type="checkbox"/>	\$
Nature viewing trips / photography trips	<input type="checkbox"/>	\$
Rock climbing	<input type="checkbox"/>	\$
Shooting range	<input type="checkbox"/>	\$
Skeet / trap / sporting clay	<input type="checkbox"/>	\$
Snowmobile tours	<input type="checkbox"/>	\$
Spelunking/cave exploration	<input type="checkbox"/>	\$
Trail rides to the public	<input type="checkbox"/>	\$
White water rafting trips	<input type="checkbox"/>	\$

1. Do you contract any of the above activities out to others?  Yes  No

If yes\*\*, explain: \_\_\_\_\_

\*\* For the contracted activities provide a Certificate of Insurance with an 'A' rated carrier, exhibiting equal or greater General Liability limits as the applicant.

2. Are any of the following included in your operation?  Check here if no exposure.

- General store  Ammunition sales  Gasoline/fuel pumps  Fishing equipment sales  Firearm sales  
 Ski equipment rental or sales  Other: \_\_\_\_\_

Total gross sales from your retail operations: \$ \_\_\_\_\_

**Section 4 - General information**

1. Location of operations - check states where hold a license or permit:

<input type="checkbox"/> AL	<input type="checkbox"/> CO	<input type="checkbox"/> HI	<input type="checkbox"/> KS	<input type="checkbox"/> MA	<input type="checkbox"/> MT	<input type="checkbox"/> NM	<input type="checkbox"/> OK	<input type="checkbox"/> SD	<input type="checkbox"/> VA
<input type="checkbox"/> AK	<input type="checkbox"/> CT	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> MI	<input type="checkbox"/> NE	<input type="checkbox"/> NY	<input type="checkbox"/> OR	<input type="checkbox"/> TN	<input type="checkbox"/> WA
<input type="checkbox"/> AZ	<input type="checkbox"/> DE	<input type="checkbox"/> IL	<input type="checkbox"/> LA	<input type="checkbox"/> MN	<input type="checkbox"/> NV	<input type="checkbox"/> NC	<input type="checkbox"/> PA	<input type="checkbox"/> TX	<input type="checkbox"/> WV

<input type="checkbox"/> AR	<input type="checkbox"/> FL	<input type="checkbox"/> IN	<input type="checkbox"/> ME	<input type="checkbox"/> MS	<input type="checkbox"/> NH	<input type="checkbox"/> ND	<input type="checkbox"/> RI	<input type="checkbox"/> UT	<input type="checkbox"/> WI
<input type="checkbox"/> CA	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> MD	<input type="checkbox"/> MO	<input type="checkbox"/> NJ	<input type="checkbox"/> OH	<input type="checkbox"/> SC	<input type="checkbox"/> VT	<input type="checkbox"/> WY

2. Are any operations conducted outside the United States/Canada?  Yes  No If yes, where? \_\_\_\_\_
3. Overnight stays are in:  Your dwelling  Tents  Cabins  Other: \_\_\_\_\_  No overnight stays
4. Does the applicant sell or provide alcoholic beverages?  Yes  No  
If yes, are receipts greater than \$5,000?  Yes  No
5. Any bike trips or tours on highways?  Yes  No
6. Transportation:
  - a. Indicate vehicles used in outfitting/guide operations:  
 ATV/UTV, how many? \_\_\_\_\_  Snowmobiles, how many? \_\_\_\_\_  Golf carts, how many? \_\_\_\_\_
  - b. These vehicles are available for  business use  personal use  public use.
  - c. Are guests allowed to operate any of the motorized vehicles without being accompanied by a guide?  Yes  No
  - d. Are helmets available?  Yes  No
  - e. Are guests allowed to bring their own ATV/UTV, snowmobile?  Yes  No

**Note:** No liability coverage for vehicles used for personal use, or vehicles owned by a guest.

### Section 5 - Safety information

1. Are instructions given to guests by a qualified guide prior to trips explaining the hazards of operations and the proper use of equipment?  Yes  No  
If yes,  Verbal  Written program  Video
2. Do you have written:  Safety procedures  Evacuation plan  Emergency plan?  Yes  No
3. a. Is a Waiver/Release of Liability signed by each participant for all activities, including parent/legal guardian signatures for minors?  Yes  No  
b. Signed Waivers/Release of Liability are kept on file and archived for:  0-2 years  3-5 years  5 or more years
4. Indicate the safety items guides are required to take on each trip, including drop camp guests:  First aid kit  
 Mobile phones  2-way radios  GPS  Satellite phones  Other, please list: \_\_\_\_\_
5. You have a med-flight or helicopter rescue available in the operational area.  Yes  No

### Section 6 - Guide information

1. Total number of guides: \_\_\_\_\_
2. Name of guide (include owners and independent guides). If more than five guides, please indicate on in the comments section 15. **Note:** Independent guides must provide a certificate of insurance or be added to the policy for an additional charge.

Name of guide	Age	Years of experience	Independent (Y/N)	Licensed per state requirements (Y/N)

3. Has any guide been involved in an incident which resulted in serious injury or death?  Yes  No  
If yes, provide a detailed description in the comments section 15.

4. Have guides completed:  First aid training  CPR  EMT training  Wilderness training  Other: \_\_\_\_\_
5. Are new guides references checked?  Yes  No

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**Section 7 - Fishing**  No exposure. If no exposure, skip this section.

1. What percentage of fishing is:  Boat: \_\_\_\_\_% If boating, refer to section 10.
2. Guide to guest ratio while fishing: \_\_\_\_\_guides to \_\_\_\_\_guests.
3. Are children under 12 always accompanied by a parent or legal guardian?  Yes  No
4. Duration of the fishing activity:  Full day  Overnight  More than one night

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**Section 8 - Pack Trips**  No exposure. If no exposure, skip this section.

1. Type of pack trip:  Hunting/backpacking  Hiking  Fishing  Nature/science/photography  Other: \_\_\_\_\_
2. Duration of the trip:  Full day  Overnight  More than one night
3. Trips are  Guided  Unguided. Guide to guest ratio on pack trips: \_\_\_\_\_guides to \_\_\_\_\_guests.
4. Type of animal used:  Horses (complete Section 11)  Llamas/alpacas  Mules  Other: \_\_\_\_\_
5. Are children under 16 accompanied by a parent or legal guardian?  Yes  No

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**Section 9 - Hunting**  No exposure. If no exposure, skip this section.

1. Guide to guest ratio while hunting: \_\_\_\_\_guides to \_\_\_\_\_guests.
2. Percentage of hunting operations:  Guided \_\_\_\_\_%  Unguided \_\_\_\_\_%.
3. Are children under 12 always accompanied by a parent or legal guardian?  Yes  No
4. Type of game hunted:  Bear  Deer  Elk  Mountain lions  Hogs  Turkey  Upland birds  
 Waterfowl  Other: \_\_\_\_\_
5. Type of firearms or bow equipment used:  Rifle  Shotgun  Pistol  Black powder/muzzle loading  
 Crossbow  Recurve  Compound  Other: \_\_\_\_\_
6. a. Do you provide any firearms for guests other than loaners?  Yes  No  
b. Indicate if you provide  Gunsmithing  Repair services  Factory ammunition  Reloaded ammunition  
 None
7. Hunters are transported by:  Hunting buggy (modified vehicle)  All terrain/utility vehicle  Horses  Foot  
 None  Other: \_\_\_\_\_
8. a. Hunting stands used are:  Manufactured  Homemade  Portable  Permanent  None  
b. Type of hunting stand:  Hang-on  Tower  Ladder  Climbing  Other: \_\_\_\_\_  
c. Who installs the hunting stands?  Guide  Guest  Other: \_\_\_\_\_  
d. Are hunting stands checked for safety at the start of each season?  Yes  No  
e. Are safety harnesses required for other than tower stands?  Yes  No  
If not, why? \_\_\_\_\_
9. Are guests allowed to bring their own hunting dogs?  Yes  No

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**Section 10 - Boating/float trips**  No exposure. If no exposure, skip this section.

1. Boats are used for:  Hunting (other than duck hunting)  Fishing (other than bow fishing)  Boat rental  
 Boat tour  Other: \_\_\_\_\_ Maximum capacity of any one boat: \_\_\_\_\_people  
Guided  Unguided
- If used for hunting, describe how boats are stabilized while shooting: \_\_\_\_\_

2. a. Boat activities are conducted on:  Rivers  Lakes/ponds  Ocean/gulf  Bay/inlets.  
 b. Rivers navigated are:  Class I  Class II  Class III  Class IV or higher.
3. Are guests allowed to operate boats with greater than 50 horsepower?  Yes  No
4. Guides have training in:  Swift water rescue  Wilderness first response  Advanced river rescue  
 River exploration/rafting  None
5. Are coast guard approved life vests (Personal Floatation Devices)  provided  required to be worn?  Yes  No
6. Description of boats

Type of boat	How many	Length	Horsepower	Maximum passenger capacity

**Section 11 - Horses**  No exposure. If no exposure, skip this section.

1. Number of horses/mules available: \_\_\_\_\_
2. Horses used for:  Pack trips  Hunting  Trail rides  Fishing  Other: \_\_\_\_\_
3. Are trail rides offered to the public?  Yes  No
4. Do guides always accompany guests with horses?  Yes  No
5. Guide to guest ratio is \_\_\_\_\_ guides to \_\_\_\_\_ guests.
6. Are equestrian liability waivers and signs posted in a visible location?  Yes  No
7. Are children under the age of 8 allowed on a horse?  Yes  No
8. a. Are ASTM/SEI certified helmets available at all times?  Yes  No  
 b. Explain other safety procedures followed: \_\_\_\_\_
9. Are guests allowed to bring their own horses?  Yes  No
10. With the exception of other outfitters, do you lease horses to others?  Yes  No

**Section 12 - Lodging**

1. Do you have a fireplace or wood stove, and is there a safety plan in place to ensure fire/embers are completely out after each use?  Yes  No
2. Do you have fire extinguishers in kitchen/cooking areas?  Yes  No
3. Do you have smoke alarms in sleeping facilities and, if not hardwired, do you change batteries prior to each hunting and fishing season?  Yes  No

**Section 13 - Shooting range, skeet/trap/sporting clay**

1. Are all activities supervised?  Yes  No  
 If no, explain: \_\_\_\_\_
2. Is hearing and eye protection available?  Yes  No
3. Is the range open to the public?  Yes  No
4. Are warning signs displayed to indicate the range is in use?  Yes  No
5. Does the range and backstop meet the NRA specifications for rifle/pistol ranges?  Yes  No

**Section 14 - Special events**

1. Do you have any special events?

Yes  No

If yes, please describe: \_\_\_\_\_

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**Section 15 - Comment section**

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**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

**Fraud Warnings:** 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 [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

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**STATE FRAUD STATEMENTS**

**Applicable in AL, AR, DC, LA, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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. \*Applies in ME Only.

**Applicable in MD**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Thank you for choosing Markel!**