



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

## OUTFITTERS AND GUIDES

### General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

### 1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Persons providing accounting and tax services:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

2. Length of Season: \_\_\_\_\_

3. Description of Premises. Please include any information, which adequately describes your premises, i.e., photos, diagrams, brochures, etc.

ADDRESS	USE	ACREAGE	OWN	RENT	LEASE	# OF BUILDINGS	PREMISE LIABILITY REQUESTED Y/N
			<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"/>		

Identify all locations where activities take place by: area, river, state, national forest, park, etc...


Please list all activities for which coverage is being requested. Activities which are not identified and for which no premium has been paid are excluded. Prior to binding coverage, the conduct of some activities will have to be further explained in supplemental applications. All others must be described or no coverage can be provided.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lodging          | <input type="checkbox"/> Guided Ski Trips | <input type="checkbox"/> Trail Rides                 |
| <input type="checkbox"/> Fishing          | <input type="checkbox"/> River Trips      | <input type="checkbox"/> Climbing Gym                |
| <input type="checkbox"/> Fishing w/ Boats | <input type="checkbox"/> Snowmobile Trips | <input type="checkbox"/> Guided Hunting w/out Horses |
| <input type="checkbox"/> Pack Trips       | <input type="checkbox"/> Sea Kayaking     | <input type="checkbox"/> Guided Hunting w/ Horses    |
| <input type="checkbox"/> Nordic Center    | <input type="checkbox"/> Hiking/Camping   | <input type="checkbox"/> Drop Camp w/ Horses         |
| <input type="checkbox"/> Rock Climbing    | <input type="checkbox"/> Bike Tours       | <input type="checkbox"/> Drop Camp w/out Horses      |
| <input type="checkbox"/> Guest Ranch      | <input type="checkbox"/> Ropes Course     |  |
| <input type="checkbox"/> Other: _____     |   |  |

4. How often is equipment checked and inspected? \_\_\_\_\_

5. Who is responsible for equipment maintenance? \_\_\_\_\_

6. Do your customers rent any of your equipment?  Yes  No

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

7. Do you keep maintenance records?  Yes  No

Please attach a list of first aid supplies and rescue equipment that is carries on each trip.

8. List all motorized off-road vehicles and how many you use. All others must be described or no coverage can be provided.

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 4 WD Vehicles | <input type="checkbox"/> 4 WD ATV    |
| <input type="checkbox"/> 3 WD Vehicles | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> Snow Cat      | <input type="checkbox"/> Motor Boats |
| <input type="checkbox"/> Other: _____  |                                      |

9. List of all off-road motorized transportation including description, make, year, and model. Description of use and list of equipment: \_\_\_\_\_

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10. How many of your employees work year round? How many work on a seasonal basis?

	FULL TIME	PART TIME
YEAR ROUND		
SEASONAL		

11. Typically, when you are hiring, do you get:  Applications  Resumes  References  Interviews

12. What are the minimum requirements and certifications for being an instructor or guide with your company? \_\_\_\_\_

13. Describe required staff training for guides or instructors: \_\_\_\_\_

Do you utilize Independent Contractors as employees? Do you  
 Yes  No

If yes, how many: \_\_\_\_\_

14. What is the minimum age of employees?  16-18  18-21  21+

15. What, if any, is the minimum and maximum age of participants?

	MINIMUM	MAXIMUM
AGE		

16. Is there a suggested clothing/equipment list for your customers?  Yes  No

17. What is the guide/instructor to participant ratio? Average \_\_\_\_\_ Maximum \_\_\_\_\_

18. The Insurer is looking for partners that are committed to using high level or risk management in their operations. The following list is considered essential for your legal self-defense. If you do not currently have any of these items, the Insurer will help you to develop them with samples, advise and outlines. Check the appropriate box:

	WE CURRENTLY UTILIZE	AGREE TO DEVELOP, IMPLEMENT AND UTILIZE
Scripted, written safety talk outline.	<input type="checkbox"/>	<input type="checkbox"/>
Make no guarantees of safety in all literature, marketing.	<input type="checkbox"/>	<input type="checkbox"/>
All field staff will have basic first aid training.	<input type="checkbox"/>	<input type="checkbox"/>
Written emergency, evacuation plan.	<input type="checkbox"/>	<input type="checkbox"/>
System for collecting complete names/addresses of all witnesses to an accident.	<input type="checkbox"/>	<input type="checkbox"/>
Liability release form (insurer can review and/or provide).	<input type="checkbox"/>	<input type="checkbox"/>

19. Participation days and additional figures. Supply estimated participant days for each activity and location:

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	

20. Gross Receipts: Break out gross receipts by category. All others must be described or no coverage can be provided.

	LAST YEAR	ESTIMATED FOR THIS YEAR
Retail Sales	\$	\$
Rental Fees	\$	\$
Guided Trips	\$	\$
Competition Fees	\$	\$
Other	\$	\$
Total	\$	\$

21. Please list all entities requiring Additional Insured Certificates.

	LAND OWNER	GOVERNMENT AGENCY	CONCESSION	OTHER
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Checklist of items to include with this application, if available:

- |  |   |
|--|---|
| <input type="checkbox"/> Brochure                          | <input type="checkbox"/> Advertising Materials                        |
| <input type="checkbox"/> Liability Waiver (if used)        | <input type="checkbox"/> Operating Plan, Procedural Manual (Optional) |
| <input type="checkbox"/> Staff Manual                      | <input type="checkbox"/> Emergency Plan                               |
| <input type="checkbox"/> Personnel Roster                  | <input type="checkbox"/> Registration Form                            |
| <input type="checkbox"/> First Aid Kit List                | <input type="checkbox"/> Safety Talk Outline                          |
| <input type="checkbox"/> Suggested Clothing/Equipment List |   |

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name