



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



OUTFITTERS AND GUIDES QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any questions in this section are answered "YES," you are not eligible for coverage.

- | | |
|--|--|
| 1. Do you have any aviation, heli-ski, balloon, hang-gliding, parachuting, paragliding, or or bungee jumping operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you had your license suspended in the previous five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do your operations target or cater to minors under 18 years of age? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you offer underwater activities including catfish noodling, diving or scuba? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you offer guide services for extra hazardous wildlife such as grizzly or polar bears, big horn sheep, alligators or wild boar? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you offer services at downhill ski areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you offer horse rental, leasing or rent horse stables? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you have any aircraft charter operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you incurred two or more losses in the past five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you offer gunsmith services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do you offer white water rafting/boating, mountaineering or rock climbing services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you provide any wilderness survival operations or training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you provide ocean or deep sea fishing more than two miles off shore? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OPERATIONS INFORMATION

1. Summary of operations (attach any brochures or other advertising materials used):

2. Do you offer any activities that are not guided or under your direct control or supervision? Yes No
3. How many years of outfitter or guide experience do you have? _____



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PO BOX 749, SOUTH BEND, IN 46624-0749

P: 800-342-5706 F: 800-578-7758

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4. Have any related licenses ever been refused, suspended, or revoked? Yes No

a. If "YES," explain fully and submit for review:

5. Is a waiver of liability obtained from all participants? Yes No

6. Do you use tree stands, climbing stands, or raised platforms as part of your operations? Yes No

7. Are owned saddle animals, snowmobiles or ATV's used on any trip? Yes No

8. Are UTV's (side-by-side seating) provided for clients or members? Yes No

9. Are boats used for any operations? Yes No

If "YES," answer the following questions:

a. Number of motorboats used? _____

b. Maximum horsepower of all boats used? _____

c. Maximum length of all boats used? _____

10. Are services offered on the Great Lakes? Yes No

11. Is ocean or deep sea fishing offered? Yes No

If "YES," answer the following questions:

a. What is the distance traveled from shore? _____

b. Captain's years of experience? _____

12. Do you reload and/or sell reloaded ammunition? Yes No

13. Do you provide gun rental? Yes No

14. Do you provide spelunking (cave exploring)? Yes No

a. If "YES," how many years of experience in spelunking? _____

15. Are alcoholic beverages provided or consumed without a charge? Yes No

If "YES," please answer the following questions:

a. Are ID's checked to verify the age of those being served? Yes No

b. Are procedures in place for the handling of intoxicated patrons? Yes No



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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