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Outfitters & Guides Insurance Application

NOTE: Rates and coverages may not be available in all states.

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. If we do not approve your application, we will refund your premium.

Choose One Limit of Liability: \$500,000 \$600,000 (Available in Colorado only.) \$1,000,000

Applicant: _____ Business Name: _____ Mailing Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Location Address: _____ Phone #: (____) _____ Fax #: (____) _____ Contact Person: _____ Contact Phone #: _____ Web site: _____	Broker Name: _____ Broker Number, if known: _____ Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email Address: _____
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I. Applicant Information

- Desired Effective Date: _____
- a. Type of Ownership: Corporation Individual* Joint Venture Limited Liability Company Trust
 Organization Partnership
 b. *If applicant shows multiple individual names, what is the relationship of applicant(s): Husband / Wife; Parent / Child; Siblings; Other: _____
- a. Names of partners/officers and social security numbers: _____
 b. FEIN: _____ None
- a. Has the business owner(s), partners or principal shareholders ever voluntarily surrendered or had any outfitters license refused, suspended or revoked? Yes No
 b. If yes, please explain: _____
- Please list memberships in any professional guide organizations: _____ None
- a. Number of years business has been established: _____
 b. Number of years experience as an outfitter: _____
- a. Description of Operations: (If a new business, please describe prior experience.) _____
 b. What percentage of your operations are: Guided: _____ % Unguided: _____ %
 c. Total gross receipts for operation: \$ _____
- Do any additional insureds need to be added to this policy? (Liability only.) Yes No
 a. Insurable: Interest: Owner of Premises Government Entity Other: _____
 Name: _____ Address: _____
 b. Insurable: Interest: Owner of Premises Government Entity Other: _____
 Name: _____ Address: _____
- Do you provide brochures to the public with information about your operation? If yes, please provide a copy. Yes No

II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Include: homeowners, renters and business owners' policies.

Company	Dates	Premium	No. of Claims	Amount Paid

- a. Have you been canceled or refused insurance coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, please explain: _____
- Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None
- Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

III. Operations – All operations must be declared and all activities must be guided.

Operations	No Exposure	Receipts	User / Guest Days	* Lodging Provided?
1. Hunting	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
2. Fishing	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
3. Pack Trips: Type of pack animal(s): _____	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
4. Drop Camps	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Hiking / Backpacking	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
6. Shooting Range (Complete Archery & Rifle supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
7. Skeet / Trap / Sporting Clay (Complete Archery & Rifle supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
8. ATV Tours (Complete ATV supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
9. Bike Trips (Complete Biking/Bicycles supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
10. Boat Tours (Complete Boat supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
11. Cattle Drives	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
12. Climbing	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
13. Cross Country Skiing (Complete Snow Activities supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
14. Dog Sled Tours (Complete Snow Activities supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
15. Equipment Rentals	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
16. Float & White Water Rafting Trips (Complete Float & White Water supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
17. Kayaking/Canoeing	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
18. Mountain Biking (Complete Biking/Bicycles supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
19. Nature Viewing Trips / Photography Trips	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
20. Snowmobile Tours (Complete Snowmobile supplement.)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
21. Trail Rides To The Public (no overnight stay)	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
22. Dogs: <input type="checkbox"/> Selling to / <input type="checkbox"/> Breeding, <input type="checkbox"/> Training dogs for, public	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
23. Other:	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No
24. Other:	<input type="checkbox"/>	\$		<input type="checkbox"/> Yes* <input type="checkbox"/> No

***If yes and other than a tent, complete Outfitter & Guide Lodging supplement. ***

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

b. If yes**, explain: _____

****Provide a certificate of insurance with admitted "A" rated carrier, with equal or greater general liability limits as applicant for contracted activities.**

26. a. Indicate total number of days outfitting per year: _____

b. Dates of operation: Date Open: _____ to Date Close: _____

27. a. Do you have an owned / leased / rented building used for: retail sales; shop/office; storage; other: _____; None

b. Physical location address: _____

c. Total gross annual receipts for retail sales: \$ _____ None

d. Describe items sold: _____

e. Total square footage of retail space: _____

IV. General Information

1. a. Does the applicant: Own land for applicant's outfitting operation
 Lease or use: private land, state / public land for applicant's outfitting operation? Yes No
 b. If yes, number of acres: _____ Owned _____ Leased Private Land
 c. What percentage of your operation is on Forest Service wilderness areas or BLM land? < 25; 26-50; 51-75; 76-99; 100% None
2. Overnight stays are in: applicant dwelling; tents; cabins; other: _____; no overnight stay
3. a. Is there any other business conducted by the applicant? Yes No
 b. If yes, please give details: _____
4. Are any operations conducted outside the United States? Yes No
5. Are all employees 18 years or older? Yes No
6. a. Does the applicant Sell or Provide alcoholic beverages? Yes No
 b. Are guests allowed to bring their own alcohol? Yes No
 c. What type of alcohol: Beer, Wine, Liquor
 d. Is alcohol allowed: Before the Trip, During the Trip, At Breaks and/or Once Trip is Completed
7. a. Is food provided by guides? Yes No
 b. Are meals served in: campsite; lodge; applicant's/guide's personal dwelling; other: _____? None
8. a. Any food on trips requiring refrigeration? Yes No
 b. Is proper food storage methods followed to prevent wildlife in camp area? N/A Yes No
9. a. Does the applicant use All Terrain Vehicles (including mules & gators), Snowmobiles, Golf Carts, Mopeds? Yes No
 b. If yes, are they available for Business use, Personal use, Public use, Other: _____
 c. If yes to All Terrain Vehicles/Snowmobiles, are they used for: Hunting; Game Retrieval; Feeding of Animals; Sightseeing*;
 Other*: _____
***If applicant checks "sightseeing" and/or "other", please complete ATV and/or Snowmobile supplement.**
 d. Please provide number of each vehicle, make, age and model: _____
10. a. Are guests allowed to drive / ride: All Terrain Vehicles (including mules & gators), Snowmobiles, Golf Carts, Mopeds? Yes No
 b. If yes, what is the minimum age of rider/driver? _____
 c. Are helmets required at all times? Yes No
 d. Are guests allowed to bring their own All Terrain Vehicle, Snowmobile, Golf Cart, and Moped? Yes No
- Note: No liability coverage for vehicles used for non-business/personal use. No liability coverage for vehicles owned by guests.**

V. Guide Information

1. Total Number of Guides: _____ If more than five guides, please indicate on a separate piece of paper.

2. Name of Guide (Include Owners)	Date of Birth	Years Experience	Employee or Independent Guide?		
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	or <input type="checkbox"/> Independent Guide*

***Independent Guides must provide certificate of insurance or be added to this policy.**

3. a. Has any guide been involved in an incident which resulted in serious injury or death? Yes No
 b. If yes, provide detailed description on separate sheet of paper.
4. Have guides completed: First Aid Training, CPR, EMT Training, Wilderness Training, Other: _____ Yes No
5. a. Have guides completed any other safety classes or education? Yes No
 b. If yes, describe: _____
6. Are guides licensed and certified for Outfitting? Yes No
7. a. Are new guide's references checked? Yes No
 b. If yes, describe types of references checked: _____
8. Are guides bonded? Yes No

VI. Safety Information

1. Does the applicant require guests to complete a form with health and medical information when booking the trip? Yes No
2. Does the applicant pre-screen guests and determine their ability prior to taking part in activities? Yes No
3. List reasons why the applicant would decline a person from taking part in an activity (i.e. health, age, weight, alcohol, general, pregnancy): _____
4. 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 (Provide a copy.)
5. Does the applicant have written: Safety procedures, Evacuation plan, Emergency plan, given to all staff members? Yes No
(Provide a copy.) **Note: Plans and procedures must address extended overnight accommodations and finding lost parties.**
6. a. Is a waiver/release of liability signed by each participant for all activities (including parent/legal guardian of minor)? Yes No
b. Are waivers kept available on premises or archived for a minimum of 5 years? (Provide a copy.) Yes No
7. Which safety items are guides required to take on each trip: 50' Buoyant Rope, First Aid Kit, Mobile Phones, Flares,
 Heart Defibrillator, 2-way Radios, Snake Bite Kit, GPS
8. Are all state safety regulations and rules followed and enforced? Yes No
9. Does the applicant file an itinerary plan with the: Forest Service Other: _____? Yes No
10. Are any unexplored trails used for trips? Yes No
11. Describe all rest stops and/or breaks: _____
12. Does the applicant have Med-flight or helicopter rescue available in their area? Yes No

VII. Fishing Questions

No Exposure

1. Type of fishing: Casting, Fly, Float, Ice, Other: _____
2. What percentage of fishing is: Wading-_____% Shoreline-_____% Boat-_____%
3. What is the guide to guest ratio while fishing? _____ guides to _____ guests
4. Does the applicant provide fishing equipment to guests? Yes No
5. Does the applicant provide training/instruction? Yes No
6. What is the minimum age required for fishing: _____ None
7. Are children always accompanied by an adult? Yes No
8. What is the duration of the fishing activity: Hourly, Half Day, Full Day, Overnight, More Than One Night: _____

B. Ice Fishing Questions - No Exposure

1. Does the applicant check the condition of the ice? Yes No
2. Indicate how it is determined if the ice is safe to go out on: _____
3. Who drills the holes in the ice? Applicant, Guest, Other: _____
4. Are ice conditions posted? Yes No
5. Are vehicles permitted on the ice? Yes No
6. Are ice huts used to fish in? Yes No
7. a. Does the applicant provide the equipment to guests? Yes No b. Describe equipment: _____
8. Indicate how the applicant and guests get to the fishing location: Dog Sled Rides, Snowmobiles, All-Terrain / Utility Vehicles,
 Other: _____

VIII. Pack Trips With or Without Animals Questions

No Exposure

1. Type of pack trip: Hunting/Backpacking, Hiking, Fishing, Nature/Science/Photography, Other: _____
2. What is the duration of the trip: Hourly, Half Day, Full Day, Overnight, More Than One Night: _____
3. Are trips guided or unguided?
4. What is the guide to guest ratio while on pack trips? _____ guides to _____ guests
5. Type of animal used: Horses (Complete Section XI), Llamas, Mules, Other: _____ None
6. Are mules used for riding? Yes No (If yes, complete Section XI.)
7. Please describe the type of terrain: _____
8. What is the minimum age required for trips: _____
9. Miles traveled per day: _____

IX. Hunting Questions

No Exposure

1. What is the guide to guest ratio while hunting? _____ guides to _____ guests
2. What is the maximum number of hunters at any one time: _____
3. What percentage of the applicant's hunting operations are: Guided _____ % Unguided _____ %
4. What is the minimum age required for hunting: _____ None
5. Are children always accompanied by an adult? Yes No
6. a. Is all hunting done on foot? Yes No b. If no, explain: _____
7. What is the duration of the trip: Hourly, Half Day, Full Day, Overnight, More than One Night
8. Are hunters back by dusk? Yes No
9. What type of game is being hunted? Bear, Deer, Elk, Cougars / Mountain Lions, Hogs, Turkey, Upland Birds, Waterfowl, Other: _____
10. Is all game hunted considered "fair chase"? Yes No
11. a. Does applicant use any boats for hunting operations? Yes No
b. If yes, how are boats secured while shooting: _____
12. a. What type of weapons are used: **Guns** - Rifle Shotgun Pistol Black powder / Muzzle Loading
Archery - Crossbow Recurve Compound **Other** - _____
b. Do guests bring their own weapons? Yes No
13. a. Does applicant provide any weapons for guests? Yes No
b. If yes, indicate type and age of weapons: _____
c. Does applicant provide: Gun smithing Repair services Ammunition **or** Reloaded ammunition? Yes No
d. Does applicant sell Weapons Ammunition? If yes, receipts: \$ _____ Yes No
e. Are loaded weapons allowed: Indoors While weapons are being transported? Yes No
14. Hunting weapons are sighted in: On-site Shooting Range; Off-site Shooting Range; Other: _____; None
15. a. What type of vehicle is used to transport hunters: Hunting Buggy (modified vehicle) All Terrain / Utility Vehicle Other: _____
b. Are any of the vehicles licensed for road use? Yes No
16. a. Hunting stands used are: Manufactured Homemade **and** Portable Permanent None
b. Type of hunting stand: Tree Self Supporting Structure Ladder Climbing Other: _____
c. Who installs the hunting stands: Guide Guest Other: _____
d. How often are hunting stands checked for safety: Each use Weekly Seasonal Other: _____
e. Are safety harnesses required? Yes No
17. Are hunters required to wear fluorescent orange per state requirements? Yes No
18. a. Are dogs used for hunting? Yes No
b. If yes, how many dogs are owned by applicant: _____ how many dogs are owned by guests: _____
c. Are all dogs required to have current vaccinations? Yes No
d. Is applicant: Selling, Breeding, Training any dogs to the public? Yes No

X. Boat Questions

No Exposure

1. Are boats used for: Hunting Fishing Boat Rental Other*: _____ (*See Boat supplement.)
2. Is daily rental of boats provided to guests? guided unguided Yes No
3. a. On what bodies of water does use take place: Rivers Lakes/Ponds Ocean Bay/Inlets
b. Name of bodies of rivers: _____
c. If rivers, what classes are navigated: Class I Class II Class III Class IV or higher
4. Maximum passenger/guest capacity of each boat: _____
5. Are guests allowed to operate boats? Yes No
6. Ratio of guides to boats: _____
7. Are coast guard approved life vests (Personal Floatation Devices) Provided **and/or** Required to be worn? Yes No
8. Type & Number of boats used: Jon Boat: _____, Drift / Float Boat: _____, Row Boat: _____, Other: _____
9. Describe boats including type, length and horse power: _____

XI. Horse & Cattle Information No Exposure**A. Horse Information - No Exposure**

1. Total number of horses available: Owned: _____ Leased: _____ Other: _____
2. Horses used for: Pack trip, Hunting, Trail rides, Fishing, Other: _____
3. Does applicant rent/supply horses to the public on a: Hourly, ½ Day, or Daily basis? Yes No
4. a. Number of days for the trip – Maximum: _____ Minimum: _____
b. What is the length of ride: ½ Day or Less, Full Day
5. What percent of the applicant's horse operations are: _____% Guided _____% Unguided
6. What is the guide to guest ratio? _____ guides to _____ guests
7. Number of horses in use for guest riding at any one time – Maximum: _____ Average: _____
8. What age is the youngest rider the applicant will allow on a horse? _____
9. Does the applicant ever allow: double riding; bareback riding? Yes No
10. a. Are ASTM/SEI certified helmets used at all times while mounted by Everyone; Everyone under 18; or not required?
b. Is there a signed helmet rejection form? Yes No
c. Footwear/apparel required by you for riders: Boots/Heeled Shoes Long Pants Other: _____
d. Explain other safety procedures followed: _____
11. a. Does the applicant allow guests to bring their own horses? Yes No
b. If yes, does applicant offer boarding for a fee? Receipts: \$ _____ Yes No
c. Average number of horses boarded: For guests: _____ For non-guests: _____
12. a. Does the applicant allow guests to lease their horses? Yes No
b. Number of horses leased: _____
c. Explain guidelines: _____
13. a. Where are horses kept off season? Applicant's Premises, Leased Land, Other: _____
b. Are horses used for personal use during off season? Yes No
c. Are horses not owned by the applicant boarded at facilities you own or rent? Yes No

Provide a certificate of insurance with admitted "A" rated carrier, with equal or greater liability limits as applicant, covering boarded or personal horses during off-season.

B. Cattle Information - No Exposure

1. a. Number of cattle: Owned by applicant: _____ and Owned by others in your care, custody & control: _____
b. Are cattle kept on Applicant's premises, Leased land, Other: _____
2. a. Number of cattle drives conducted per year: _____
b. What is the number of Wranglers: _____ to Riders: _____
c. Maximum duration: Hours: _____, Days: _____, Distance traveled: _____
d. What is the required experience of riders: Beginner/Novice, Intermediate/Some experience, Advanced
3. Are guests allowed to Rope, Brand, Tie, Give inoculations to cattle, Other: _____ Yes No
4. Is there any slaughtering of cattle on premises? Yes No

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature	Date	Agent's Signature (if applicable)	Date

How did you hear about Markel: Magazine Ad Referral Convention Web Site Other

Describe: _____

Thank you for choosing Markel, The Insurance Company With Horse Sense®