

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

1. Desired Effective Date: \_\_\_\_\_
2. 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: \_\_\_\_\_
3. a. Names of partners/officers and social security numbers: \_\_\_\_\_
- b. FEIN: \_\_\_\_\_  None
4. 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: \_\_\_\_\_
5. Please list memberships in any professional guide organizations: \_\_\_\_\_  None
6. a. Number of years business has been established: \_\_\_\_\_
- b. Number of years experience as an outfitter: \_\_\_\_\_
7. 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: \$ \_\_\_\_\_
8. 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: \_\_\_\_\_
9. 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

1. 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: \_\_\_\_\_
2. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper.  None
3. 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®***