

## 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? \_\_\_\_\_

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

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

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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



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**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.)

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Applicant Signature

Title

Date

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Producer Signature

Date