

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Outfitters and Guides Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Description of operations: _____

2. Type of license (if applicable): _____

3. Applicant's prior experience: _____

4. Activities of applicant:

A. Guides

Number of Guides

Number of Guides

Hunting

Cross-country skiing

Fishing

Backpacking

Combination Hunting & Fishing

Hiking

B. Pack animals/saddle animals

Number of Animals

Pack animals

Saddle animals

C. Outfitters

Total annual gross receipts: _____

D. Guest lodging

Description of lodging provided: _____

Total number of units: _____

Swimming pool provided? Yes No

E. Boats

Number of boats: _____

Length of boats and horsepower: _____

Does applicant provide each boat passenger with a personal flotation device? Yes No

5. Is applicant involved with any of the following activities?

- A. White water exposures (Class III and above)? Yes No
- B. Canoe/kayak watercraft exposures? Yes No
- C. Downhill skiing?..... Yes No
- D. Rock climbing or rappelling?..... Yes No
- E. Tree stands provided by applicant?..... Yes No
- F. Horse rental, training or riding instructions? Yes No
- G. Sleigh, buggy or hay rides? Yes No
- H. Applicant providing snowmobiles or ATVs?..... Yes No
- I. Aircraft exposures?..... Yes No
- J. Applicant providing firearms or ammunition?..... Yes No
- K. Inner tube rentals?..... Yes No
- L. Horse trail rides? Yes No

Comments: _____

Applicant's Signature: _____ Date: _____