



Fishing & Hunting Lodges and Plantations 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.

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

1. Desired Effective Date: _____

2. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Trust
 Organization Partnership **FEIN:** _____ None

3. Names of corporate partners/officers and social security numbers: _____

4. a. Number of years in this type of business: _____ b. Total receipts for all operations: \$ _____

5. a. Is clubhouse / lodge: owned or leased? b. Number of buildings available for guests: ____ c. Maximum occupancy of lodge / clubhouse: ____

6. a. Is the applicant the owner of the operation? Yes No
 b. Does applicant live on the premises? Yes No If yes, Permanent Address or Seasonal Address?
 c. If the owner lives on premises, do they carry fire and personal liability insurance? Yes No

7. **Oklahoma Residents Only:** If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? Yes No

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. Location of Actual Operation(s): Including Street, County, City, State & Zip Code (For additional locations, provide on an additional page.)

Location	# of Acres	# of Years at Location	Responding Fire District Name	Feet from Fire Hydrant	Miles from Fire Dept.	Check One:
1.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
2.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others

II. Prior 3 Year Property & Liability Insurance Information

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

Company	Dates	Premium	No. of Claims	Amount Paid

1. a. Has applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, 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. Liability Section

A. General Information

1. Choose One \$ 300,000 occurrence / \$ 900,000 aggregate - (\$675.00 Minimum Earned Premium)
Limit of Liability: \$ 500,000 occurrence / \$1,500,000 aggregate - (\$750.00 Minimum Earned Premium)
 \$1,000,000 occurrence / \$3,000,000 aggregate - (\$960.00 Minimum Earned Premium)
2. Applicant is a member of: NRA Business Alliance Member; ORVIS; Safari Club International; Other: _____ None
3. Dates of operation: Opening Date: _____ to Closing Date: _____ Total no. of months open: _____ months
4. a. What meals are included with the room? (Check all that apply.) Breakfast Lunch Dinner Other: _____ None
b. Are meals for guest prepared family style? Yes No
5. a. Is alcohol available for guest consumption? Check all that apply: beer; liquor; wine Receipts: \$ _____ Yes No
b. Can guest bring their own alcohol? Yes No
6. a. Does applicant have any animals living on the premises? Yes No
b. Describe number and types of each: _____
c. Are all animals' inoculations up-to-date? Yes No
d. Are unsupervised animals allowed to be around guests? Yes No
e. Have any animals ever attacked or bitten anyone or shown aggressive behavior to anyone? Yes No
7. a. Are guests allowed to bring their Dog; Cat; Horse; Other: _____ Yes No
b. Are they required to be in control at all times, except in designated outside areas? Yes No
c. Is proof of animals' inoculations required? Yes No
d. Are pet owners required to sign a hold harmless agreement for injuries caused by their pets? Yes No
8. Are any of the following included in applicant's operation: Check here if no exposure.
 Ammunition Sales Fishing Equipment Sales Liquor Sales Weapons/Firearms Sales
 Bird Sales Gasoline/Fuel Pumps Restaurant* Other: _____
 Fishing Equipment Rental General Store / Pro Shop Weapons Rental
*** Complete Restaurant Supplement.**
9. Does applicant make any of the items sold? Yes No

B. Lodging Information

1. Is someone available 24 hours a day, 7 days a week when guests are on premises? Yes No
2. a. What is applicant's average occupancy rate: _____ %
b. Is there a minimum stay required? Yes No
c. Length of minimum stay during peak season: _____; during off season: _____
3. Type of lodging: Plantation House (number of guest rooms: _____) - maximum guest capacity: _____
 Cabin (number of guest rooms: _____) - maximum guest capacity: _____
 Lodge (number of guest rooms: _____) - maximum guest capacity: _____
 Other: _____ (number of guest rooms: _____) - maximum guest capacity: _____
4. a. Does a manager live on the premises? Yes No
b. Do owners or managers live in the same building as the guests? Yes No
c. Do any rooms have: Cooking Facility Microwave Coffee Maker Other: _____ None
d. Check all of the following that apply: Fire alarm is connected to owner/manager's residence
 Fire alarm is central station with 24-hour monitoring
 Fire alarm is loud enough to be heard throughout facility
 Direct egress from all bedrooms via windows, balconies, doors, or fire escapes
5. a. Does applicant own or operate any other businesses or operations, including farming or rental properties? Yes No
b. Are they insured elsewhere? Yes No
c. Describe businesses and operations: _____

C. Premises Information

1. Does applicant rent or lease owned facility to outside entities? Yes No
2. Does applicant keep guests' valuables in a safe or safe deposit box for them? Yes No
3. a. Are guests given: House keys Room keys Programmable key cards? Yes No
b. What controls are in place to prevent duplication: _____
4. What activities are available for guests not hunting or fishing: _____
5. Is there an air strip on the premises? Used by: Owner; Guest; Other: _____ Yes No
6. Are any activities offered to non-guests or the public? Yes No

IV. Safety Measures

(This section applies to all activities.)

1. Is the facility vacant or unsupervised at any time? Yes No
If yes, explain: _____
2. a. Does the applicant have a caretaker to look after premises? Yes No b. Does the caretaker live on premises? Yes No
c. If no, how often do they check premises? _____
3. Are all state safety regulations and rules followed and enforced? Yes No
4. a. Is a written safety procedure manual provided to all staff members? **If yes, provide a copy of applicant's safety manual.** Yes No
b. Are safety procedures reviewed with all staff on a regular basis? Yes No
c. Is a formal procedure in place for incident reporting? Yes No
5. a. Does applicant have any special procedures for handicapped guests? Yes No
b. If yes, explain: _____
6. a. Does applicant require guests to complete a form with health and medical information prior to participating in activities? Yes No
b. List reasons why applicant would decline a person from participating in an activity: _____

7. What is the minimum age allowed without supervision: _____
8. a. Are waivers signed by all guests who will be using the facilities or equipment? Yes No
b. Does **each** person participating in an activity including parent or legal guardian of minor sign a waiver? **(Submit a copy.)** Yes No
c. Are signed waivers kept or archived for a minimum of 5 years? Yes No
9. a. Does applicant have a written crisis management/emergency plan? Yes No
b. Does the plan address incidents with animals, both wild and domestic? Yes No
c. Does the plan address providing alternate accommodations for guests? Yes No
d. If yes, explain: _____
e. Does the plan address contingency plans to keep the establishment operating after a loss? Yes No
10. Are emergency procedures and exit routes posted in all guest rooms? Yes No
11. a. Are safety rules printed AND posted for all guests to read? Yes No
b. Are safety videos shown? Yes No
12. Is emergency lighting installed? Yes No
13. Are appropriate food handling and sanitation procedures followed? N/A Yes No
14. a. Are cribs provided? Yes No b. If yes, do they meet all current government safety standards? Yes No
15. Are certificates of insurance obtained for all subcontracted services? Yes No

Employees

16. a. Total number of employees: _____ No. of full-time: _____ No. of part-time: _____
b. Does applicant conduct: Employee/Volunteer Background Checks References Personal Interviews None
c. Are all employees 18 years or older? Yes No
d. If no, list position where employee is under 18: _____
17. Do employees have the following training: Emergency Medical Training Cardiopulmonary Resuscitation-CPR Yes No
 First Aid Training Other: _____
18. a. Is there at least one employee trained in: EMT; First Aid; CPR; available at all guest activities? Yes No
b. Are updated and fully stocked medical kits available at all activities? Yes No
19. Do employees carry communication devices with them (2-way radio, mobile phone, etc.) in case of emergency? Yes No

V. Boat Questions

No Exposure

1. Are boats used for: Hunting Fishing Boat Rental Other*: _____ (*See Boat supplement.)
2. 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
3. Maximum passenger/guest capacity of each boat: _____
4. Are guests allowed to operate boats? Yes No
5. Ratio of guides to boats: _____
6. Are coast guard approved life vests (Personal Floatation Devices) Required **and/or** Provided? Yes No
7. Type & Number of boats used: Jon Boat: _____, Drift / Float Boat: _____, Row Boat: _____, Other: _____
8. Describe boats including type, length and horse power: _____

VI. Fishing Questions

No Exposure

1. Type of fishing: Casting, Fly, Float, Ice, Other: _____
2. What percentage of fishing is: Wading-_____ % Shoreline-_____ % Boat-_____ %
3. a. Does the applicant provide fishing equipment to guests? Yes No
b. Do guests bring their own fishing equipment? Yes No
4. Does the applicant provide: Training/Instruction Lessons/Classes Clinics None
5. a. Are boats available for guest use? Yes No If yes, Rental No Charge
b. If yes, complete Boat questions, section V.
6. Where is fishing conducted: Coastal Waters, Lake, Pond, Stream, Other: _____
7. What is the minimum age required for fishing: _____
8. Are children always accompanied by an adult? Yes No
9. What is the duration of the trip: Hourly, Half Day, Full Day, Overnight

Ice Fishing Questions - No Exposure

1. Does the applicant check the condition of the ice before each use? Yes No
2. How is the condition of the ice determined to be safe prior to use: _____
3. Who drills the holes in the ice? Applicant, Guest, Other: _____
4. Are vehicles permitted on the ice? Yes No
5. Are ice huts used to fish in? Yes No
6. Does the applicant provide the equipment to guests? Yes No
7. Indicate how the applicant and guests get to the fishing location: Dog Sled Rides, Snowmobiles, 4-Wheel Drives,
 Other: _____

VII. Hunting Questions

No Exposure

1. What type of game is being hunted? Bear, Deer, Elk, Hogs, Turkey, Upland Birds, Waterfowl, Other: _____
2. Is all game hunted considered "fair chase"? Yes No
3. What type of hunting weapons are used: **Guns** - Rifle Shotgun Pistol Black powder / Muzzle Loading
Archery - Crossbow Recurve Compound **Other** - _____
4. a. Who is responsible for the layout of hunting lanes or designated areas for hunting: _____
b. What experience do they have: _____
c. Does it meet the state regulatory agency? Yes No
5. a. Does applicant provide any hunting weapons for their guest? Yes No
b. If yes, what type and ages: _____
c. Does applicant provide: Gun Smithing Repair Services Ammunition to Hunters Reloaded Ammunition? Yes No
d. Does applicant sell Hunting Weapons, Ammunition: factory load reload? Yes No
e. Are loaded weapons allowed: Indoors While being transported? Yes No
6. Hunting weapons are sighted in: On-site Shooting Range Off-site Shooting Range Other: _____ None
7. a. Is all hunting done on foot? Yes No b. If no, explain: _____
8. What is the guide to guest ratio while hunting? _____ guides to _____ guests
9. What is the maximum number of guests hunting at any one time: _____
10. Are hunters back by dusk? Yes No If no, explain: _____
11. a. What type of vehicle is used to transport hunters: Hunting Buggy (modified vehicle) All Terrain / Utility Vehicle Other: _____ None
b. Are any of the above licensed for road use? Yes No
12. a. Hunting stands used are: Manufactured Homemade **and** Portable Permanent None
b. Type of hunting stand: Tree Self Supporting Structure Ladder Climbing Other: _____
and Enclosed (4-sided) Open (no sides / 1 side)
c. Who installs the hunting stands: Applicant/Employee Guest Other: _____
d. How often are hunting stands checked for safety: Each use Weekly Seasonal Other: _____
e. Are safety harnesses required? Yes No
13. Are hunters required to wear fluorescent orange per state regulatory agency guidelines? Yes No
14. 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, or Training dogs for other than own use? Yes No
15. What percentage of the applicant's hunting operations are: guided _____ % unguided _____ %
16. a. Does applicant use any boats for hunting operations? Yes No
b. What methods are used for stabilizing boats while shooting: _____

* Complete Boat Section.

VIII. Business Income / Extra Expense Accept or Decline Business Income Coverage.

1. Indicate limit of business income: \$ _____
2. Indicate type of business income: With extra expense Without extra expense **Duration Period:** 3 months (1/4) 6 months (1/2) 12 months (annual)
3. Would you like to add ordinary payroll? Yes No If yes, what amount: \$ _____ 90 days 180 days Other: _____

IX. Property Section *(Please copy this page for additional buildings.)*

Location of Operation (Include City, State & Zip Code): _____ Deductible: \$1,000 \$3,000 Other: \$ _____

Would you like to purchase systems mechanical breakdown coverage? Yes No

Protection Class:		Number of Hydrants on Premises:						Feet to Hydrant:		
Bldg #	Building Name & Type	Building / Contents Value	Cause of Loss	Construction	Square Footage	Type of Heat	Type of Roof	Year Built	Building Updates	Protective Features
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					
		\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special						Heating: <input type="checkbox"/> None Roof: <input type="checkbox"/> None Plumbing: <input type="checkbox"/> None Wiring: <input type="checkbox"/> None	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other:
	Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			# of stories:					

X. Operations (All operations must be declared.) * <i>Must complete an additional supplement</i>					
A. Outdoor Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Hunting:	<input type="checkbox"/> Guided and/or <input type="checkbox"/> Unguided	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Hiking:	<input type="checkbox"/> Guided and/or <input type="checkbox"/> Unguided	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Biking/ Bicycles:	<input type="checkbox"/> Guided and/or <input type="checkbox"/> Unguided	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
RV Hook Ups / Camp Sites		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
B. Water Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Boating		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Fishing:	<input type="checkbox"/> With Boats and/or <input type="checkbox"/> Without Boats	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Float Trips		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Marinas			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
River Rafting & Tubing (Including White Water)		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Swimming Pool			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Watercraft (including water skiing, jet ski, kayak)		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
C. Misc. Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Archery, Pistol/Rifle Range, Sporting Clay, Trap, Skeet		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Climbing Wall		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Fitness Center		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Golf Course / Driving Range		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Petting Zoo			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Playground			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Rappelling / Rock Climbing			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Ropes Course, Challenge			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Trampoline			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
D. Group Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Classes/Seminars/Workshops		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Game Room			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Outside Catering Business			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Spa Services		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Youth Camp or Program / Children's Programs		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Weddings or Private Parties			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Bar / Lounge / Restaurant Open to Public		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
E. Winter Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Cross Country Skiing, Snow Shoeing		*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Ice Fishing			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Ice Skating			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Snowmobile:	<input type="checkbox"/> Unguided and/or <input type="checkbox"/> Guided	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Tobogganing, Sledding, Tubing			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
F. Motorized Activities		<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
All Terrain Vehicle Trips:	<input type="checkbox"/> Guided and/or <input type="checkbox"/> Unguided	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Day Trips with Transportation Provided			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Motorcycle / Mopeds			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Jeep or 4-Wheel Drive Tours			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Plane Rides / Helicopter			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:			<input type="checkbox"/>	\$	<input type="checkbox"/> Yes

X. Operations Cont.

*** Must complete an additional supplement**

G. Equine/Horse Activities	<input type="checkbox"/> No Exposure	No Exposure	Receipts (not included in weekly fee)	Conducted by Independent
Carriage Buckboard, Buggy or Stagecoach Rides <input type="checkbox"/> Guest and/or <input type="checkbox"/> Public	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Dinner Rides		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Gymkhana		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Hay Rides	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Horseback Riding		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Pony Rides		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Sleigh Rides	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Trail Rides: <input type="checkbox"/> Open to Public and/or <input type="checkbox"/> Guest Only		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Wagon Rides	*	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes
Other:		<input type="checkbox"/>	\$	<input type="checkbox"/> Yes

For other activities not listed above, provide narrative including: receipts, if activity is off premises and if activity is conducted by an independent.

XI. All Terrain Vehicles/Golf Carts/Snowmobiles

No Exposure

*** Must complete an additional supplement.**

- Does the applicant have All Terrain Vehicles / Golf Carts / Snowmobiles used for:
 transporting guests Tours*/Sightseeing Game Retrieval Feeding of Animals Hunting Other: _____
- Does applicant offer the use of D.O.T. helmets for all All-Terrain Vehicle & Snowmobile use? Yes No
 - If yes, list all activities where the applicant **offers** the use of helmets: _____
 - List all activities where the applicant **requires** helmets: _____
 - What is the minimum age allowed to use an All Terrain Vehicle / Golf Cart / Snowmobile? _____
 - Are employees allowed to ride or drive All Terrain Vehicles / Golf Carts / Snowmobiles? Yes No
- Are any vehicles ever loaned or given to employees for their personal use? Yes No
- Who is responsible for maintenance of All Terrain Vehicles / Golf Carts / Snowmobiles: _____
 - Does the applicant have a schedule and daily pre-use inspection log for all motorized vehicles?
If yes, provide a sample copy. Yes No
- Are individuals allowed to bring their own All Terrain Vehicle, Snowmobile, Golf Cart, Moped? Yes No
- Are guests allowed to drive/ride All Terrain Vehicles (including mules & gators), Snowmobiles, Golf Carts, Mopeds? Yes No
 - What is the minimum age of rider/driver? _____ years old
 - Are rides: Guided **or** Unguided
- Number of: 4 or more wheels- personal use:____ business use:____
 Golf Cart - personal use:____ business use:____
 3-wheel - personal use:____ business use:____
 Other: _____ - personal use:____ business use:____
 - Provide vehicle: make, age and model: _____

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®

Guides Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

1. Total number of guides: _____ (If more than ten 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*
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			<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 a 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 guides' references checked? Yes No
 b. If yes, describe types of references checked: _____
8. Are guides bonded? Yes No

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature **Date** **Agent's Signature** **Date**

Agency Name: _____ Agency Phone Number: _____