



GUIDES AND OUTFITTERS SUPPLEMENTAL APPLICATION

1. Named Insured:
2. Summarize your operation and attach any brochure or other advertising materials used by you:

3. Are your operations year-round or seasonal?

If seasonal, what are the dates?

Activities	Number of Guides, including Principals		
	Full Time	Part-Time (1-30 days)	Part-Time (31-60 days)
Backpacking			
Bike Tours (road only)			
Canoe/Kayak			
Cross Country Skiing			
Fishing			
Hiking			
Hunting			
Other (describe)			

4. Do you have saddle animals for pack trips? Yes No
 If yes, please describe:
5. Do you hire guides as subcontractors? Yes No
 If yes, do you obtain Certificates of Insurance? Yes No
6. Are you named as an additional insured on the subcontractors' policy? Yes No
7. Do you ever work for other guides as a subcontractor? Yes No
8. On a separate piece of paper, please provide the names of individuals, partners, officers and employees active in the business. Include the license type they hold, the license number, their years of experience and where their experience was obtained.
9. Has anyone ever had any license denied, suspended or revoked? Yes No
 If yes, please provide a detailed explanation:
10. Has any guide been involved in an incident which resulted in serious injury or death? Yes No
 If yes, please provide a detailed explanation:

12. Do you have pre-activity briefings for guests? Yes No

Please explain:

13. Are guides trained in first aid Yes No

14. Are guides required to have CPR training? Yes No

15. What percentage of your operations is on Federal or State land, parks, wilderness acres, etc?

16. Any lodging provided for guests? Yes No

17. Any food service provided for guests? Yes No

18. Any swimming/water facilities (pool, hot tub/spa, lake or river)? Yes No

If yes, please complete the Swimming Pool Supplemental Application.

Watercraft (Boats, Canoes, Kayaks, Rafts)

Make/Model/Length	Number	Passenger Capacity	Prop/Jet	HP	With Guide Yes/No	Use

19. How many boats are operated at one time?

20. Are Coast Guard approved floatation devices provided for each passenger? Yes No

21. What is the maintenance schedule of the watercraft and its equipment?

22. What safety precautions are taken to secure the watercraft when not in use?

23. Are any vehicles used by clients (ATV, Bicycles, Mini Bikes, Snowmobiles, etc.)? Yes No

Make/Model/Length	How Many	Helmet Provided Yes/No	With Guide Yes/No	Use

24. Are signed release forms (waivers) secured from every customer? Yes No

25. Do you have knowledge of any incident that may lead to a claim? Yes No

If yes, provide a full explanation:

Applicant's Signature: _____

Date: _____

**SIGNATURE REQUIRED
NEW YORK FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature

Date

No Signature Required

ARKANSAS, LOUISIANA, RHODE ISLAND, WASHINGTON AND WEST VIRGINIA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, fines and denial of insurance benefits.

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other 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.

MAINE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information, is guilty of a felony.

OREGON FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.