

OUTFITTERS & GUIDES SUPPLEMENTAL APPLICATION

Sattler Insurance Agency
 Lewiston, ID 83501
 PHONE (208) 743-9426 FAX (208) 748-9433

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant _____ _____ dba _____ (Include d/b/a or trade name, if applicable)	Requested Effective Date _____ Quote Requested by _____								
2. Mailing Address: _____ (Street / P.O. Box) _____ (City) (State) (Zip Code)									
3. Contact Name: _____ 4. E-mail: _____ 5. Web Site Address: _____									
6. Phone: _____ Fax: _____									
7. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other If other, please describe _____ Length of Time in Business _____									
8. Please provide the names of all owners, managers and officers below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name</th> <th>Years of Experience</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> Have any of the above operated under any other name within the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		Name	Years of Experience						
Name	Years of Experience								
9. Are you a member of America Outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No To what other trade associations do you belong? _____ In what states do you operate? _____ Please provide a complete description of your operations (if new business, please include your prior experience for the past 5 years): _____ _____ _____									

10. Physical Location Occupied by the Insured

Street	City	State	Zip	County	Occupancy (Office, Warehouse, etc.)

11. Prior Carrier Information (A loss history statement from your prior insurance company is required. If you have been with been with our office for the last three years we will provide this information for you.)

Year	Company	Premium	# of Claims	Description of Claims Reported

SECTION II – OPERATIONS DATA

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you hire sub-contractors? Yes No
 If yes, what do you hire them for? _____

There is no coverage provided under this policy for sub-contractors.

- Do you obtain certificates of insurance from sub-contractors? Yes No
 Do you require sub-contractors to list your business as an additional insured on their policies? Yes No

2. Do you book trips for others? Yes No
 If yes, are you listed as an additional insured on their policy Yes No

What is your annual revenue from this? _____
There is no coverage provided under this policy for your professional or financial loss caused by booking trips for others.

2. Have you ever had any license or permit revoked? Yes No
 If yes, please explain: _____

3. Was your policy canceled or was insurance coverage denied in the last three years? Yes No
 If yes, please explain: _____

4. Do you offer or sponsor any trips outside of the United States? Yes No
 If yes, please provide the number of trips, total number of customers and destinations: _____

5. Is a signed waiver and/or release of liability recognizing the dangers of your operations Yes No
 Signed by each client including Parent or Legal Guardian if a minor is involved?
 (Please include a copy of the waiver)
 Are waivers signed prior to or after trip orientation and safety discussion? Prior or After

6. Describe your pre-trip safety orientation and confirm that you have written outline/guideline:

7. Are waivers kept on file for a minimum of 7 years? Yes No

8. Are trip logs maintained by your company? Yes No
 If yes, how long are they kept? _____

9. Are all guides licensed per your state guidelines? Yes No

10. If guided trips are offered, how are each guide's qualifications and experience determined and verified?

11. Do you employ anyone under the age of 18? Yes No
If yes, what are their job duties: _____

12. Are all guides trained in CPR/First Aid or WFR with at least one guide with a minimum of advanced first aid? Yes No

13. Do you offer **training** for guides other than your employees? Yes No
If yes, please explain: _____

14. Do you offer **certification** for guides other than your employees? Yes No
If yes, please explain: _____

14. Is a communication device(s) available on all trips (cell phone, two way radio, etc.)? Yes No
If no, please explain: _____

15. Are first aid kits and safety throw ropes carried on all trips? Yes No

16. Please describe your accident reporting procedures and emergency evacuation procedures.

17. Do you have ATV's or snowmobiles use for: transporting guests premises maintenance
 rental hunting
 other: _____

Section III – Water Activities

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

A. Safety

1. Are helmets offered and worn on all class 4 and 5 water? Yes No
If no, please explain: _____

2. Are all guests required to wear a Type III or better PFD? Yes No

3. Are employees prohibited from consuming alcohol during water activities? Yes No

4. Do you intentionally flip your rafts (ex: for photo/video) Yes No

4. Do you provide optional wet suits for guests? Yes No
At what water/air temperature are wet suits mandatory? _____

5. Please describe your guidelines for minimum age requirement for guests:

6. Please describe your guidelines for client to guide ratio:

7. Please describe your regular schedule for equipment inspection and maintenance:

For how long do you keep records? _____ Who is responsible? _____

B. Description of River Navigated:

Name/Description, Location			
Class of River			
Paddle/Oar/Motor			

SECTION IV – MOUNTAIN BIKING

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you prescreen guests to determine ability prior to riding? Yes No
If yes, what are your criteria to determine acceptable ability? _____

- What determines the correct sizing for your guests to the bikes? _____

2. Are all bicycle repairs and maintenance documented? Yes No
3. Are helmets required? Yes No
4. Are maps of recommended trails and roads provided on unguided trips? Yes No
5. Are trailers, child seats, tandems allowed? Yes No
If yes, describe type of trail ridden on, frequency and any additional safety measures taken: _____

6. Do guides carry with them any communication device(s) (cell phone, two way radio, etc.)? Yes No
7. What is the percentage of tours operated: Off Road _____% vs. On Roadways _____%
8. Please describe your minimum age requirement for guests: _____

9. Please describe your client to guide ratio: _____
10. Do you have any trails on your own property? Yes No
11. Do you build, groom or maintain any trails? Yes No
If yes, on your property or elsewhere? _____

SECTION V – ROPES COURSE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide a photo or diagram of the course or a copy of the latest inspection.
2. Who designed the course? _____
3. Who constructed the course? _____
4. How often is the course inspected? _____ By whom? _____
5. Please describe course director's current certifications: _____

6. What is your minimum age requirement for course users? _____
7. What is your client to guide ratio? _____
8. Do you allow unsupervised use of the course?
If yes, please explain: _____
9. Is the course leased out to groups at any time? Yes No
If yes, please explain: _____
10. Is the course secured when not in use to prevent unauthorized use? Yes No

SECTION VI – CAMPGROUND/RV PARK

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

- 1. Please provide photos of the campground/park and a layout of the campground/park.
- 2. Number of Tent Sites: _____
- 3. Number of RV Pads: _____
- 4. Number of Lodging Units: _____
- 5. Any General Stores? Yes No
 If yes, do you serve to the public? Yes No
 Do you sell any products under your own name? Yes No
 Do you sell any firearms? Yes No
- 6. Any Restaurants? Yes No
- 7. Any LP or Gasoline sales? Yes No
- 8. Is permanent/temporary residence allowed? Yes No
 If yes, describe: _____
- 9. How often are your water resources tested? _____
- 10. Please describe the roadways in your campground (i.e., paving, lighting, speed bumps, one way signs posted, etc.):

SECTION VII – MOUNTAINEERING

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

- 1. Please provide guides resumes.
- 2. Do you have?

Climbing Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Portable Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Top Rope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lead Ropes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rock Climbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ice Climbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- 3. Do all climbers wear industry-accepted helmets? Yes No
- 4. Do you have minimum fitness or experience standards for guests? Yes No
- 5. What is your minimum age requirement for guests? _____
- 6. What is your client to guide ratio? _____

SECTION VIII – CROSS COUNTRY SKIING/SNOW

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

- 1. What percentage of trips are: guided _____% unguided _____%
- 2. What percentage of trips are: groomed trails _____% ungroomed _____%
- 3. What percentage of trips are: private land _____% public land _____%
- 5. Please describe your minimum age requirements for guests. _____
- 6. What is your client to guide ratio? _____
- 7. What is the time length of trips? _____
- 8. How often are rest breaks taken? _____
- 9. What are the clothing/footwear requirements? _____
- 10. Do you offer overnight trips? Yes No

SECTION VIII – SWIMMING POOLS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you have a swimming pool on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, is it fenced with a self-closing gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are depths clearly marked on top and sides of the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is life saving equipment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any slides or Diving Boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are pool rules clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Where are chemicals stored? _____	

SECTION VIII – CAMPS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you offer camp services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, for what ages? _____ _____	
3. How many camper days per year (number of campers x days of activity)? _____	
4. Are they day camps or overnight? _____	
5. What is your camper to staff ratio? _____	
6. Do you obtain criminal background checks on all camp instructors and counselors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is accident medical coverage provided for all campers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If yes, what limit is carried for: Medical Expense _____ Dental Expense _____	
9. Please describe all camp activities offered (attach brochure or provide camp website, if any): _____	

SECTION VIII– RETAIL SALES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you operate a store?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the items sold: _____ _____	
2. What percentage of sales are to the general public vs. guests? _____ _____	
3. Do you manufacture any items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____ _____	
4. Do you install or repair any items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe what percentage of your retail sales account for this: _____ _____	
5. Do you sell any items packaged under your own name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
6. Do you sell any firearms, hunting equipment or motorized boats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What are your total annual gross receipts from store sales? _____	
8. Do you sell or offer alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sales Analysis	User Days/Units	Gross Sales
Guided Rafting/Kayaking/Canoeing	_____	_____
Rentals of Rafts/Kayaks/Canoes	_____	_____
Rentals (other) describe _____	_____	_____
Retail Store	_____	_____
Lodging	_____	_____
Campgrounds	_____	_____
Day Camps/Schools	_____	_____
Overnight Camps (youth facilities)	_____	_____
ATV's or Snowmobiles	_____	_____
Ropes Courses	_____	_____
Wilderness Guides	_____	_____
Mountain Bicycle Guides	_____	_____
Mountain Bicycle Rentals	_____	_____
Cross Country Skiing	_____	_____
Snow Shoeing	_____	_____
Mountain Climbing	_____	_____
Hunting/Fishing (Wade-In)	_____	_____
Booking Trips for others	_____	_____
Other (please describe any other activities you provide that are not indicated on the application)	_____	_____
Are all operations you provide listed in the above sales analysis? If no, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THE UNDERSIGNED HEREBY APPLIES FOR INSURANCE COVERAGE SET FORTH IN THE APPLICATION AND THE VARIOUS ATTACHED UNDERWRITING SCHEDULES, AND AFFIRMS THAT THE STATEMENTS AND REPRESENTATIONS MADE HEREIN ARE TO THE BEST OF HIS/HER KNOWLEDGE TRUE.

_____	_____	
Name of Applicant	(Please Print)	
_____	_____	_____
Signature of Applicant	Title	Date
_____	_____	
Signature of Agent	Date	