



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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Outfitters and Guides Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

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 beds: _____

Swimming pool provided? Yes No

E. Boats and ATVs

Number of boats: _____ Number of applicant owned ATVs: _____

Length of boats and horsepower: _____

Does applicant provide each boat passenger with a U.S. Coast Guard approved 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
- M. Bicycle tours using public roads? Yes No
- N. ATV tours? Yes No

Comments: _____

- 6. Minimum age requirement: _____
- 7. Are hold-harmless agreements/waivers obtained from participants? (If yes, attach sample.) Yes No
- 8. Are all rules and safety guidelines provided to participants? Yes No
- 9. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____