



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

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: \_\_\_\_\_