

Pacific International Underwriters
 PO BOX 2007 Edmonds WA 98020
 Phone 800-562-8403 Fax 888-814-8701

**OUTFITTERS & GUIDES
 APPLICATION**

1. Named Insured _____
 (The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes - refer to policy wording.)
2. Mailing Address _____
 Street _____ City _____ County _____ State _____ ZIP Code _____
3. Location of Premises: Same as mailing address
 Other _____
4. Interest of Named Insured in Premises: Owner General Lessee Tenant Other _____
5. Effective Date Desired _____ Term Desired _____

6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
 No Yes If so, give name of company, date, and reason.

7. Applicant is: Individual Partnership Corporation Other _____
8. Years in Business _____
9. Names of Individuals, Partners, and Officers active in the operations and their experience:

Name	Yrs. Experience	Where was Experience Obtained
a. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____
b. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____
c. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____

Has license ever been suspended, revoked, or denied? Yes No If yes, provide full details:

10. List all employees operating without direct supervision from the above individuals:

Name	Yrs. Experience	Where was Experience Obtained
a. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____
b. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____
c. _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____	_____	Type of License _____

Has license ever been suspended, revoked, or denied? Yes No If yes, provide full details:

11. Provide a complete description of your operations. If you have any brochures, please attach.

12. Annual Receipts: Current Year Estimate \$ _____
 Prior Three Years Receipts: 1 \$ _____ 2 \$ _____ 3 \$ _____

13. Total Number of Guests	Average Stay per Guest	Guest Days (Total # Guests X Average Stay)
Hunting _____	_____	_____
Fishing _____	_____	_____
Sightseeing _____	_____	_____
Other _____	_____	_____

14. **LODGING**
- | | | | | |
|-------------------|--------------------------|--------------------------|-------------------|--|
| | Yes | No | | |
| a. Lodges | <input type="checkbox"/> | <input type="checkbox"/> | Public Area _____ | (square feet excluding sleeping accommodations, staff quarters, and storage areas) |
| b. Rooms/Cabins | <input type="checkbox"/> | <input type="checkbox"/> | Number _____ | |
| c. Tent Sites | <input type="checkbox"/> | <input type="checkbox"/> | Number _____ | |
| d. Tents Provided | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Meals Provided | <input type="checkbox"/> | <input type="checkbox"/> | | |

15. **EQUIPMENT**

a. **Boats**

	Length	Make/Model/Type	Capacity	In/Out		Prop/Jet	H/P	With Guide		Use (Fishing, etc.)
				Board	Prop/Jet			Yes	No	
1)	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2)	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3)	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4)	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

List Put-In and Take-Out points _____

List all rivers floated _____

List safety equipment carried _____

Do all boatmen have Red Cross First Aid Qualification cards? Yes No

White water exposure? Yes No

Are life jackets USCG approved? Yes No Demonstration of use? Yes No

How many boats are operated at one time? _____ Where are boats stored? _____

b. **Vehicles**

	Description & Number (Snowmobiles, Mini Bike, ATV, etc.)	With Guide		Use
		Yes	No	
1)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

c. Miscellaneous

Saddle Animals Yes No Pack Animals Yes No
 Description of operations using animals _____
 Weapons provided Yes No Fishing Tackle provided Yes No
 Aircraft used Yes No Private Airstrips used Yes No
 Name of Company, Policy Number, and Expiration Date of aircraft policy _____
 Drop-Off Yes No

16. COVERAGES

- Products/Completed Operations
- Premises Operations
 - Contractual Liability*
 - Fire Damage Legal Liability
 - Personal Injury

LIMITS

General Aggregate \$ _____
 Products/Completed Operations \$ _____
 Personal Injury \$ _____
 Each Occurrence \$ _____
 Fire Damage Legal Liability \$ _____

*List all current contracts and attach copies if available. _____

17. Are there any additional insured requirements? Yes No If yes, complete the following:

Name/Mailing Address _____

Is there a special cancellation notice required to this additional insured? Yes No

Days Notice _____

18. What permits are required for land usage?

19. Do you hire other guides as subcontractors to work for you OR
 work for other guide services as a subcontractor?

I, the applicant, have read and discussed this application, along with the coverages and exclusions that will apply if a policy is issued. I warrant that the information provided on this application is true, complete, and correct based on my records, knowledge, and belief. I fully understand, accept, and am aware of all limitations, exclusions, conditions, and provisions of the policy. I agree that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

_____ Agent

_____ Insured's Signature

_____ Address

_____ Date