



SCI Guides & Outfitters General Liability Application

Section A: Applicant Information

Business Name: _____ Applicant's Name: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Location Address: _____ ST _____ Zip _____

Telephone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

States in which you operate: _____ Is your business domiciled in the US? Yes__ No__

Do you operate outside the US? __Yes __No If yes, please describe: _____

Check here to confirm you are an SCI individual member Member # _____

Name of your SCI Affiliated State Association _____

1. Type of Ownership: Corporation Partnership Limited Liability Company
 Individual Joint Venture Other _____

2. Names of owners/partners/officers:

Name	Title	Years of G&O Experience
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

3. Has the business owner(s), partners or officers ever voluntarily surrendered or had any outfitters license refused, revoked, or suspended? Yes No If yes, please provide details on separate sheet or pg 7.

4. Number of years in business: _____
 If your business is less than four years old, please describe prior experience on a separate sheet or pg 7.

5. What percentage of your operations are: Guided: _____% Unguided: _____%

6. What percentage of your business engages in operations other than hunting/guiding/outfitting ___%

7. Do you have brochures? Yes No *If yes, please provide a copy of the brochure.*

Section B: Guide Information

8. List of Guides Including Owners (If more than five, please use a separate sheet or page 8)

Guide's Name	Date of Birth	Years of Experience	Employee/Independent
1			
2			
3			
4			
5			

Independent Guides must provide you with a certificate of insurance.

9. Are guides licensed and certified for Outfitting? Yes No

10. Has any guide been involved in an incident which resulted in serious injury or death? Yes No,
 If yes, provide detailed description on separate sheet or page 8.

11. Have guides completed: First Aid Training CPR EMT Training Wilderness Training
 Other _____

12. Have guides completed any other safety classes or education? Yes No
 If yes, describe: _____

13. Do you conduct a reference check for guides that you hire? Yes No
 If yes, describe types of references checked: _____

Section C: Additional Insureds

NOTE: YOU MUST ATTACH COPIES OF ANY HOLD HARMLESS AGREEMENTS OR CONTRACTS

14. Are you required to list any Government entity or Land Owners as Additional Insureds?

If yes please list them (use additional paper or page 8 if necessary):

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section D: Premium Basis

Your premium is based on your estimated gross receipts for a twelve month period commencing with the effective date you have requested on your policy. Since the rates vary for each classification, it is necessary for you to put a check mark next to each category that applies and insert your estimate of gross annual receipts for each classification. If none enter zero. There should be no blank spaces under gross receipts. Please be sure to check all operations that you conduct even if no gross receipts are generated. No coverage is present for operations you conduct but do not check on this application nor is their any coverage for unguided operations.

Operations	Gross Receipts
___ 1. Animal Breeding, Boarding or Training	\$ _____
___ 2. ATV Tours	\$ _____
___ 3. Backpacking/Hiking	\$ _____
___ 4. Big Game Hunting (Deer, Boar, Elk, Bear)	\$ _____
___ 5. Bike Trips/Mountain Biking	\$ _____
___ 6. Bird Hunting Facilities/Preserves	\$ _____
___ 7. Boat Tours	\$ _____
___ 8. Camping Facilities	\$ _____
___ 9. Canoe/Kayak/Float & White Water Raft Trips	\$ _____
___ 10. Climbing	\$ _____
___ 11. Cross Country Skiing	\$ _____
___ 12. Dog Sled/Snowmobile Tours	\$ _____
___ 13. Drop Camps (unguided)	\$ _____
___ 14. Equipment Rental/Sales	\$ _____
___ 15. Fishing	\$ _____
___ 16. Lodging not in conjunction with hunting	\$ _____
___ 17. Nature Trips and Photo Tours	\$ _____
___ 18. Pack Trips	\$ _____
___ 19. Shooting Range	\$ _____
___ 20. Trail Rides	\$ _____
___ 21. Trap/Skeet/Sporting Clays	\$ _____
___ 22. Other	\$ _____
Total Gross Receipts	\$ _____

OF BOATS _____

OF BOATS EXCEEDING 26' IN LENGTH _____

15. Do you contract out any of the above to other vendors? Yes No

If yes, which ones: _____ At what cost: _____

and please confirm that you retain copies of their certificates of insurance on file. Yes

Section E: Pack Trips

16. Do you conduct Pack Trips with animals? Yes No, If yes, please check all that apply:
 Hunting Camping Fishing
 Nature/Photography Other: _____
17. What is the average duration of the trip: Full Day _____ Overnight _____ # of nights _____
18. Are these trips guided *or* unguided?
19. What is the guide to guest ratio on these pack trips? _____ # of guides to _____ # of guests
20. Type of animal used: None Horses Llamas Mules Other _____
21. Are mules used for riding? Yes No
22. Please describe the type of terrain: _____
23. What is the minimum/maximum age required for trips: ____/____
24. Miles traveled per day: _____

Section F: Operations

25. Does the applicant: (check all that apply)
 Use your own land in your outfitting operation Use leased land
 Use State/Federal Land Use private land
26. Number of acres: _____ # Owned _____ # Leased Private Land or sq. miles: _____ # Public land
27. What percentage of your operation is on Forest Service wilderness areas or Bureau of Land Management land? _____%
28. Do you lease any land you own, sublease any land you lease, or broker any land that you control? Yes No
29. Do you have overnight stays? Yes No If yes, overnight stays are in: (check all that apply)
 applicant dwelling lodge tents cabins other: _____
30. Are all employees 18 years or older? Yes No
31. Do you sell alcoholic beverages? Yes No If yes, check all that apply: Beer Wine Liquor
32. Do you provide alcoholic beverages? Yes No If yes, check all that apply: Beer Wine Liquor
33. Are guests allowed to bring their own alcoholic beverages? Yes No
If yes, check all that apply: Beer Wine Liquor
34. Is alcohol allowed: Before the Trip, During the day At Breaks After the day's hunt is completed
35. Is food provided by guides? Yes No, If yes, please describe:

36. Where are meals served? (i.e. campsite; lodge; applicant's/guide's personal dwelling)

37. How do you maintain proper food temperatures during trips? _____
38. Are proper food storage methods followed to prevent wildlife in camp area? Yes No
39. Does the applicant use All Terrain Vehicles (including mules & gators), Snowmobiles, Golf Carts, Mopeds?
 Yes No
40. If yes, are they used for (check all that apply) Business Personal Public Other: _____
41. If yes to All Terrain Vehicles/Snowmobiles, are they used for: Hunting Game Retrieval
 Feeding of Animals Sightseeing Other: _____
42. Do you use 3 wheel ATV's? (IF YES, INELIGIBLE FOR PROGRAM) Yes No
43. Are regular maintenance records maintained for each vehicle? Yes No
44. Are guests allowed to drive / ride: All Terrain Vehicles (including mules & gators), Snowmobiles, Golf Carts, Mopeds? Yes No
45. If yes, what is the minimum age of rider/driver? _____
46. Are helmets required at all times? Yes No
47. Are guests allowed to bring their own ATV's, Snowmobile, Golf Carts, and Mopeds?
(You should get insurance certificates from these guests) Yes No
- Note: There is No liability coverage for vehicles used for non-business/personal use nor is there liability coverage for vehicles owned by guests.*

Section G: Safety

48. Are customers required to complete a health and medical form prior to the trip? Yes No
49. Do you pre-screen guests to determine their ability prior to taking part in activities? Yes No
50. List reasons why the applicant would decline a person from taking part in an activity (i.e. health, age, weight, alcohol, general, pregnancy): _____
51. Are instructions given to guests by a qualified guide prior to trips explaining the hazards of operations and the proper use of equipment? Yes No
If yes, are they Verbal or Written (If written please provide a copy.)
52. Does the applicant have written: Safety procedures, Evacuation plan, Emergency plan, given to all staff members? Yes No
(Provide a copy.) Note: Plans and procedures must address extended overnight accommodations and finding lost parties.
53. Is a waiver/release of liability signed by each participant for all activities (including parent/legal guardian of minor)? Yes No
If yes, please provide a copy of your waiver.
54. Are waivers kept available on premises or archived for a minimum of 5 years? Yes No
55. Which safety items are guides required to take on each trip: 50' Buoyant Rope First Aid Kit, Mobile Phones Flares Heart Defibrillator 2-way Radios Snake Bite Kit GPS, Other: _____
56. Are all state safety regulations and rules followed and enforced? Yes No
57. Do you file an itinerary with the Forest Service, or another entity? Yes No
58. Describe all rest stops and/or breaks: _____
59. Do you provide hunter safety training or require hunting safety certificates from your customers? Yes No

Section H: Hunting

60. What is the guide to guest ratio while hunting? # _____ guides to # _____ guests
61. What is the maximum number of hunters at any one time: _____
62. What is the minimum age required for hunting: _____
63. Are minors always accompanied by an adult? Yes No
64. Is all hunting done on foot? Yes No
If no, explain: _____
65. Are hunters usually back by dusk? Yes No
66. What type of game is being hunted?
 Bear Deer Elk Cougars/Mountain Lions Hogs Turkey,
 Upland Birds Waterfowl Other: _____
67. Is all game hunted considered "fair chase"? Yes No
68. Does applicant use any boats for hunting operations? Yes No
If yes, are boats adequately secured when not being used? Yes No
69. What type of firearms/bows are used: Rifle Shotgun Pistol Black powder / Muzzle Loader
 Crossbow Recurve/Compound Other: _____
70. Do guests bring their own firearms/bows? Yes No
71. Does applicant provide or rent any firearms/bows for guests? Yes No
If yes, indicate type, condition, and age of firearms/bows: _____
72. Do you allow loaded firearms indoors? Yes No
Do you transport loaded firearms? Yes No
73. Hunting weapons are sighted in: On-site Shooting Range Off-site Shooting Range
 Other: _____
74. What type of vehicle is used to transport hunters: Modified Vehicle All Terrain / Utility Vehicle
 Other: _____
75. Are any of the vehicles licensed for road use? Yes No
76. Hunting stands used are: Manufactured Homemade Portable Permanent N/A (not applicable)

77. Type of hunting stand: Tree Self Supporting Structure Ladder Climbing Other: _____
78. Who installs the hunting stands: Guide Guest Other: _____
79. How often are hunting stands checked for safety: Each use Weekly Seasonal
 Other: _____
80. Are safety harnesses required? Yes No
81. Are hunters required to wear fluorescent orange per state requirements? Yes No
82. Are dogs used for hunting? Yes No
 If yes, how many dogs are owned by applicant: _____
 On the average how many customers bring their own dogs: _____
83. Are all dogs required to have current vaccinations? Yes No
 (You should require guests to provide vaccination certificates)

Section I: Boats

Not Applicable

84. Are boats used for: Hunting Fishing Boat Rental Transport to hunting areas
85. Is daily rental of boats provided to guests? Yes No
 If yes, are they guided or unguided
86. On what bodies of water does use take place? check all that apply:
 Rivers Lakes Ponds Ocean Bay Inlets
87. List names if a major body of water: _____
88. If rivers, what classes are navigated: __ Class I __ Class II __ Class III __ Class IV __ or higher
89. Are guests allowed to operate boats? Yes No
90. Ratio of guides to boats: _____
91. Do you provide Coast Guard approved life vests (personal floatation devices)? Yes No
 Do you require that guests wear them? Yes No
92. Type & Number of boats used: Jon Boat: _____, Drift / Float Boat: _____, Row Boat: _____,
 Canoes: _____, Other: _____
93. Describe boats including type, length, passenger capacity and horsepower: _____

Section J: Equestrian

Not Applicable

94. If Horses are used, please advise the total number of horses that are Owned: _____
 Leased: _____ Other: _____
95. Horses used for: (check all that apply)
 Pack trip, Hunting, Trail rides, Fishing, Other: _____
96. Do you rent or supply horses to the public? Yes No
97. Are they rented to the public on a: Hourly, ½ Day, Daily, Other _____ basis?
98. Number of days for hunting trips: Maximum _____ Minimum _____
99. What percent of the applicant's horse operations are: _____% Guided _____% Unguided
100. What is the guide to guest ratio? _____ guides to _____ guests
101. Number of horses in use for guest riding at any one time – Maximum: _____ Average: _____
102. What age is the youngest rider the applicant will allow on a horse? _____
103. Does the applicant ever allow: double riding Yes No or bareback riding? Yes No
104. Are ASTM/SEI certified helmets used at all times while mounted by:
 Everyone; Everyone under 18; or not required?
105. Is there a signed helmet rejection form? Yes No
106. Does your state have an Equestrian Liability Law? Yes No
107. Footwear/apparel required by you for riders: Boots/Heeled Shoes Long Pants Other: _____
108. Explain other safety procedures followed: _____
109. Does the applicant allow customers to bring their own horses? Yes No
110. Average number of horses boarded: For guests: _____ For non-guests: _____ N/A

111. Does the applicant lease horses from customers? Yes No

If yes, number of horses leased: _____

112. Where are horses kept off season? Applicant's Premises, Leased Land, Other: _____

113. Are horses used for personal use during off season? Yes No

114. Are horses not owned by the applicant boarded at facilities you own or rent? Yes No

115. What is the required experience of riders:

Beginner/Novice, Intermediate/Some experience, Advanced

Section K: Prior Carrier Information

Please provide three-year prior-carrier and loss information. Please provide Carrier, Name, Limits and Losses incurred.

	Carrier Name	Limits	Premium	Losses
Current year:				
Prior year				
2nd Prior				

Explain any claims or claims circumstances that occurred within the past 3 years:

Section L: Excess Limits

You can increase your coverage by adding layers of excess coverage in increments of \$1,000,000. Additional layers up to a total of \$10,000,000 may be purchased. Premiums for each layer will be quoted separately. Excess limits are not applicable for Hired and Non-Owned Automobile Coverage.

Yes, I want to apply for excess limits. Please quote on \$ ____,000,000 of excess coverage.

Section M: Hired and Non-Owned Coverage

This coverage protects the named insured to the extent of liability imposed by law and within the policy limits against claims for accidents due to guides and outfitters, employees, partners, or other agents operating their own automobiles in the course of the club's business. The annual additional premium for a \$1,000,000 limit of liability is \$322. NOTE: If your business currently has Owned Automobile coverage, the Hired and Non-Owned Automobile coverage is not available under our policy as it should be included on your business auto policy. No coverage is provided for Uninsured and Underinsured Motorists.

Please indicate your interest in this coverage:

- Yes, I want this coverage and have completed the supplemental application in Section M.
 No, I do not want this

1. Name of Applicant: _____
 2. Does the applicant purchase an Auto Liability Policy for the purpose of covering owned autos in the business name? Yes No
 3. How many locations does an employee drive to on the guides and outfitter's behalf in a given day?
 None 1-3 3-5 locations more then 5 locations?
 4. How many clients are transported as part of your business during the average hunting season? _____
 - a. What is the total number of employees/guides who transport clients in their own vehicles? _____
 - b. What is the total number of employees/guides who transport clients in the clients' own vehicles? _____
 - c. What is the total number of employees/guides who transport clients in the applicant's vans or other vehicles? _____
 - d. What is the total number of volunteers who transport clients in their own vehicles? _____
 - e. What is the total number of volunteers who transport clients in the clients' own vehicles? _____
 5. For what reasons are clients transported?
 6. What is the total number of employees/officers and partners/volunteers who drive on the organizations behalf? _____
 7. a. Is non-owned automobile mileage incurred by employees/volunteers reimbursed by the applicant?
 Yes No
 - b. What percentage of employees who transported clients in their own vehicle received reimbursement last year? _____ %
 - c. . What percentage of volunteers who transported clients in their own vehicle received reimbursement last year? _____ %
 - d. What was the total mileage reimbursed for the last fiscal year? _____ Miles
 8. On the average how many individuals are transported per trip? _____
 9. What evidence of auto insurance does your organization require from employees/ volunteers using their personal autos? none certificates of insurance copy of Auto ID Card copy of auto policy
 Other Explain: _____
 10. Does the applicant:
Have a formal written policy on personal usage that addresses acceptable business use of personal vehicles? Yes No
Does the applicant check MVR's and disciplinary procedures for unacceptable MVR's?
 Yes No
Verification procedure re personal auto coverage and personal use reimbursement procedures?
 Yes No
- Signature: _____ Date: _____

Sportsman's Insurance Agency, Inc.
1364 N. US 1, Suite 503
Ormond Beach, FL 32174
Phone (800) 925-7767 or (386) 677-2588- Fax Number (386) 677-3292
email: SCIGuides@siai.net

I understand that this application and all information supplied is part of the application process and relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the application will become a part of any contract of insurance entered into. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that to the best of my knowledge, all information provided in this application is complete, true and correct. I further warrant that I have made or will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished me.

Date: _____ Authorized Signature and title: _____

Section N: Additional information (From questions 8, 10, 14 or any other information you would like to add.)

Empty space for additional information.