



Markel Insurance Company

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Email applications to: mscsubmissions@markelcorp.com
Website: markeloutdoors.com

Outfitters and guides insurance application

Business name: _____
Phone #: _____ Fax #: _____ Email: _____
Mailing address: _____ City: _____
County: _____ State: _____ Zip code: _____ Website: _____
Location address: _____ City: _____
County: _____ State: _____ Zip code: _____
Contact person & phone number: _____

Section 1 - Applicant information

1. Desired effective date: ____/____/____
2. Indicate desired Limit of Liability: \$ 500,000 occurrence / \$1,500,000 aggregate
 \$1,000,000 occurrence / \$3,000,000 aggregate
3. Type of ownership: Corporation Sole Proprietor Joint Venture Limited Liability Company Organization
 Partnership None FEIN: _____
4. For your business operation, have you ever had a fine, citation, suspension, or license revoked? Yes No
If yes, please explain: _____
5. List membership in any professional organizations: _____
6. a. Number of years in business: _____ If a new business, describe your prior experience: _____

- b. Description of operations: _____ Total gross receipts: \$_____
7. Is there any other business conducted by you? Yes No
If yes, please provide details: _____
8. Percentage of your operations: Guided: _____% Unguided: _____% Drop camp: _____%.
9. Do any additional insureds need to be added to the policy? (Liability only) Yes No
If yes, type of additional insured:
a. Owner of premises Land owner Government entity Other: _____
Name: _____ Address: _____
b. Owner of premises Land owner Government entity Other: _____
Name: _____ Address: _____

Use a separate sheet to add more additional insureds.

Section 2 - Liability insurance information

1. Below must be completed in full in order to receive a quote, or attach 3-5 years currently valued loss information.

Company	Effective/expiration date	Premium	No. of claims	Amount paid
		\$		\$
		\$		\$
		\$		\$

2. Provide details of losses/incidents within the past three years with dates of loss, including amount paid in comments section 15. None

3. Has your coverage been cancelled in the last 5 years? (Not applicable in Missouri.) Yes No

Section 3 - Operations

Operation	No Exposure	Receipts
ATV/UTV tours	<input type="checkbox"/>	\$
Bike trips / mountain biking	<input type="checkbox"/>	\$
Boat tours	<input type="checkbox"/>	\$
Cross country skiing	<input type="checkbox"/>	\$
Dog sled tours	<input type="checkbox"/>	\$
Dogs: <input type="checkbox"/> selling to <input type="checkbox"/> breeding <input type="checkbox"/> training dogs for public	<input type="checkbox"/>	\$
Drop camps	<input type="checkbox"/>	\$
Fishing	<input type="checkbox"/>	\$
Float Trips	<input type="checkbox"/>	\$
Guide School	<input type="checkbox"/>	\$
Hiking / backpacking	<input type="checkbox"/>	\$
Hunting	<input type="checkbox"/>	\$
Ice Fishing	<input type="checkbox"/>	\$
Kayaking / canoeing	<input type="checkbox"/>	\$
Nature viewing trips / photography trips	<input type="checkbox"/>	\$
Rock climbing	<input type="checkbox"/>	\$
Shooting range	<input type="checkbox"/>	\$
Skeet / trap / sporting clay	<input type="checkbox"/>	\$
Snowmobile tours	<input type="checkbox"/>	\$
Spelunking/cave exploration	<input type="checkbox"/>	\$
Trail rides to the public	<input type="checkbox"/>	\$
White water rafting trips	<input type="checkbox"/>	\$

1. Do you contract any of the above activities out to others? Yes No

If yes**, explain: _____

** For the contracted activities provide a Certificate of Insurance with an 'A' rated carrier, exhibiting equal or greater General Liability limits as the applicant.

2. Are any of the following included in your operation? Check here if no exposure.

- General store Ammunition sales Gasoline/fuel pumps Fishing equipment sales Firearm sales
 Ski equipment rental or sales Other: _____

Total gross sales from your retail operations: \$ _____

Section 4 - General information

1. Location of operations - check states where hold a license or permit:

<input type="checkbox"/> AL	<input type="checkbox"/> CO	<input type="checkbox"/> HI	<input type="checkbox"/> KS	<input type="checkbox"/> MA	<input type="checkbox"/> MT	<input type="checkbox"/> NM	<input type="checkbox"/> OK	<input type="checkbox"/> SD	<input type="checkbox"/> VA
<input type="checkbox"/> AK	<input type="checkbox"/> CT	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> MI	<input type="checkbox"/> NE	<input type="checkbox"/> NY	<input type="checkbox"/> OR	<input type="checkbox"/> TN	<input type="checkbox"/> WA
<input type="checkbox"/> AZ	<input type="checkbox"/> DE	<input type="checkbox"/> IL	<input type="checkbox"/> LA	<input type="checkbox"/> MN	<input type="checkbox"/> NV	<input type="checkbox"/> NC	<input type="checkbox"/> PA	<input type="checkbox"/> TX	<input type="checkbox"/> WV

<input type="checkbox"/> AR	<input type="checkbox"/> FL	<input type="checkbox"/> IN	<input type="checkbox"/> ME	<input type="checkbox"/> MS	<input type="checkbox"/> NH	<input type="checkbox"/> ND	<input type="checkbox"/> RI	<input type="checkbox"/> UT	<input type="checkbox"/> WI
<input type="checkbox"/> CA	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> MD	<input type="checkbox"/> MO	<input type="checkbox"/> NJ	<input type="checkbox"/> OH	<input type="checkbox"/> SC	<input type="checkbox"/> VT	<input type="checkbox"/> WY

2. Are any operations conducted outside the United States/Canada? Yes No If yes, where? _____
3. Overnight stays are in: Your dwelling Tents Cabins Other: _____ No overnight stays
4. Does the applicant sell or provide alcoholic beverages? Yes No
If yes, are receipts greater than \$5,000? Yes No
5. Any bike trips or tours on highways? Yes No
6. Transportation:
 - a. Indicate vehicles used in outfitting/guide operations:
 ATV/UTV, how many? _____ Snowmobiles, how many? _____ Golf carts, how many? _____
 - b. These vehicles are available for business use personal use public use.
 - c. Are guests allowed to operate any of the motorized vehicles without being accompanied by a guide? Yes No
 - d. Are helmets available? Yes No
 - e. Are guests allowed to bring their own ATV/UTV, snowmobile? Yes No

Note: No liability coverage for vehicles used for personal use, or vehicles owned by a guest.

Section 5 - Safety information

1. 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, Verbal Written program Video
2. Do you have written: Safety procedures Evacuation plan Emergency plan? Yes No
3. a. Is a Waiver/Release of Liability signed by each participant for all activities, including parent/legal guardian signatures for minors? Yes No
b. Signed Waivers/Release of Liability are kept on file and archived for: 0-2 years 3-5 years 5 or more years
4. Indicate the safety items guides are required to take on each trip, including drop camp guests: First aid kit
 Mobile phones 2-way radios GPS Satellite phones Other, please list: _____
5. You have a med-flight or helicopter rescue available in the operational area. Yes No

Section 6 - Guide information

1. Total number of guides: _____
2. Name of guide (include owners and independent guides). If more than five guides, please indicate on in the comments section 15. **Note:** Independent guides must provide a certificate of insurance or be added to the policy for an additional charge.

Name of guide	Age	Years of experience	Independent (Y/N)	Licensed per state requirements (Y/N)

3. Has any guide been involved in an incident which resulted in serious injury or death? Yes No
If yes, provide a detailed description in the comments section 15.

4. Have guides completed: First aid training CPR EMT training Wilderness training Other: _____
5. Are new guides references checked? Yes No

Section 7 - Fishing No exposure. If no exposure, skip this section.

1. What percentage of fishing is: Boat: _____% If boating, refer to section 10.
2. Guide to guest ratio while fishing: _____guides to _____guests.
3. Are children under 12 always accompanied by a parent or legal guardian? Yes No
4. Duration of the fishing activity: Full day Overnight More than one night

Section 8 - Pack Trips No exposure. If no exposure, skip this section.

1. Type of pack trip: Hunting/backpacking Hiking Fishing Nature/science/photography Other: _____
2. Duration of the trip: Full day Overnight More than one night
3. Trips are Guided Unguided. Guide to guest ratio on pack trips: _____guides to _____guests.
4. Type of animal used: Horses (complete Section 11) Llamas/alpacas Mules Other: _____
5. Are children under 16 accompanied by a parent or legal guardian? Yes No

Section 9 - Hunting No exposure. If no exposure, skip this section.

1. Guide to guest ratio while hunting: _____guides to _____guests.
2. Percentage of hunting operations: Guided _____% Unguided _____%.
3. Are children under 12 always accompanied by a parent or legal guardian? Yes No
4. Type of game hunted: Bear Deer Elk Mountain lions Hogs Turkey Upland birds
 Waterfowl Other: _____
5. Type of firearms or bow equipment used: Rifle Shotgun Pistol Black powder/muzzle loading
 Crossbow Recurve Compound Other: _____
6. a. Do you provide any firearms for guests other than loaners? Yes No
b. Indicate if you provide Gunsmithing Repair services Factory ammunition Reloaded ammunition
 None
7. Hunters are transported by: Hunting buggy (modified vehicle) All terrain/utility vehicle Horses Foot
 None Other: _____
8. a. Hunting stands used are: Manufactured Homemade Portable Permanent None
b. Type of hunting stand: Hang-on Tower Ladder Climbing Other: _____
c. Who installs the hunting stands? Guide Guest Other: _____
d. Are hunting stands checked for safety at the start of each season? Yes No
e. Are safety harnesses required for other than tower stands? Yes No
If not, why? _____
9. Are guests allowed to bring their own hunting dogs? Yes No

Section 10 - Boating/float trips No exposure. If no exposure, skip this section.

1. Boats are used for: Hunting (other than duck hunting) Fishing (other than bow fishing) Boat rental
 Boat tour Other: _____ Maximum capacity of any one boat: _____people
Guided Unguided
- If used for hunting, describe how boats are stabilized while shooting: _____

2. a. Boat activities are conducted on: Rivers Lakes/ponds Ocean/gulf Bay/inlets.
 b. Rivers navigated are: Class I Class II Class III Class IV or higher.
3. Are guests allowed to operate boats with greater than 50 horsepower? Yes No
4. Guides have training in: Swift water rescue Wilderness first response Advanced river rescue
 River exploration/rafting None
5. Are coast guard approved life vests (Personal Floatation Devices) provided required to be worn? Yes No
6. Description of boats

Type of boat	How many	Length	Horsepower	Maximum passenger capacity

Section 11 - Horses No exposure. If no exposure, skip this section.

1. Number of horses/mules available: _____
2. Horses used for: Pack trips Hunting Trail rides Fishing Other: _____
3. Are trail rides offered to the public? Yes No
4. Do guides always accompany guests with horses? Yes No
5. Guide to guest ratio is _____ guides to _____ guests.
6. Are equestrian liability waivers and signs posted in a visible location? Yes No
7. Are children under the age of 8 allowed on a horse? Yes No
8. a. Are ASTM/SEI certified helmets available at all times? Yes No
 b. Explain other safety procedures followed: _____
9. Are guests allowed to bring their own horses? Yes No
10. With the exception of other outfitters, do you lease horses to others? Yes No

Section 12 - Lodging

1. Do you have a fireplace or wood stove, and is there a safety plan in place to ensure fire/embers are completely out after each use? Yes No
2. Do you have fire extinguishers in kitchen/cooking areas? Yes No
3. Do you have smoke alarms in sleeping facilities and, if not hardwired, do you change batteries prior to each hunting and fishing season? Yes No

Section 13 - Shooting range, skeet/trap/sporting clay

1. Are all activities supervised? Yes No
 If no, explain: _____
2. Is hearing and eye protection available? Yes No
3. Is the range open to the public? Yes No
4. Are warning signs displayed to indicate the range is in use? Yes No
5. Does the range and backstop meet the NRA specifications for rifle/pistol ranges? Yes No

Section 14 - Special events

1. Do you have any special events?

Yes No

If yes, please describe: _____

Section 15 - Comment section

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warnings: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in MD

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____

Thank you for choosing Markel!