



Swett & Crawford

Outfitters and Guides Application

1. Applicant _____ Phone Number _____

2. Address _____

3. The applicant is Individual Corporation Partnership Other (describe) _____

4. Experience in this type of business _____

5. Is your operation Seasonal (state months) _____ or Annual?

6. State length of time in operation at this location _____

7. State total gross receipts for your operation _____

8. Describe all operations. Give details on all activities _____

9. Any overnight exposure? Yes No

10. (State locations) where operations are conducted _____

11. List age and experience of guides _____

12. Does your operation require state licensing? Yes No Give expiration date _____

13. Are saddle or pack horses used in the operation? Yes No

14. Does applicant own, maintain or use airstrips? Yes No

15. Are river float trips conducted? Yes No State type _____

16. If non-white water trips are conducted, state maximum number of boats used _____ If white water trips are conducted, state number of guests per day for operating season _____ Describe type of boat used _____ State rivers floated _____

17. State put-in and takeout points _____

18. List age and experience of boat handler _____

19. Are boat handlers required to have first aid certification? Yes No

20. State type of equipment carried

21. Are life jackets used for everyone riding in or on watercraft? Yes No

22. Are rafters given a boat safety briefing before all trips? Yes No

23. Is cross-country ski touring also conducted? Yes No

24. Any survival training or mountain climbing activities conducted? Yes No

25. For additional insured(s) give name and relationship to applicant and interest _____

26. State optional coverage here _____

27. During the past three years has any company cancelled, declined or refused to issue similar insurance? Yes No

If yes, explain _____

28. List previous insurer(s) for the past three years _____

29. List claims or suits brought against the applicant. Give amounts paid and reserve _____





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30. Limits

General Aggregate \$ _____
 Products and completed operations aggregate \$ _____
 Personal and advertising injury \$ _____
 Each occurrence \$ _____
 Fire damage (any one fire) \$ _____
 Medical expense (any one person) \$ _____

31. Term desired _____

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature / Title	Telephone Number	Date
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Witness	Date
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Agent:

Are you personally familiar with this Applicant's operations? Yes No
 Did your office control this risk in the past year? Yes No

Agent's or Broker's Name	Telephone Number	Agent's Signature
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Address	Dated
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Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

