

Lexington Insurance Co. Outfitter/Guides Application

Name of Broker: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____

Phone _____ Fax _____

1. Named Insured(s) _____

2. Location (s): (If multiple locations please provide schedule by separate attachment.)

Mailing Address: _____

City/State/Zip: _____

Phone _____ Fax _____

Contact Name for Inspection: _____

3. Geographical Area of Operations: _____

4. Business Established (Yr.) _____ Current Ownership Since _____

5. Applicant is: Individual _____ Partnership _____ Corporation _____ Other _____

List Owners/Officers

6. GROSS RECEIPTS (excluding Transportation Costs, i.e. air, vehicle)

Last Year \$ _____ Projected Coming Year \$ _____

(If all activities are included in package price, then note, "included in package" wherever exposure exists below.)

7. Limit of Liability Desired: ()\$300,000 ()\$500,000 ()\$1,000,000

8. PREVIOUS LOSSES: Provide hard copy loss runs for prior five years if available. By way of attachment, list all incidents/claims whether covered by insurance or not and INITIAL whichever applicable below

This information is accurate to the best of my knowledge Applicant's Initials _____

I have had NO incidents/claims in the past 5 years Applicant's Initials _____

Have you ever had any insurance cancelled or non-renewed? () Yes () No
If yes, explain _____

9. List owners and all guides. Include resumes if available.

Name	Age	#Years Experience	Check	Applicable	Training
_____			()	1st Aid/CPR	() EMT () Other
_____			()	1st Aid/CPR	() EMT () Other
_____			()	1st Aid/CPR	() EMT () Other
_____			()	1st Aid/CPR	() EMT () Other
_____			()	1st Aid/CPR	() EMT () Other

10. Do you hire sub-contractors () Yes () No.

Do you obtain certificates of insurance from them? () Yes () No

Explain relationship: _____

11. Have you ever had any license or permit revoked () Yes () No. If yes, explain:

12. Describe ANY other business that you own/control: _____

(No coverage to be provided by this insurance.)

13. Record of Previous Insurance

Year	Carrier	Limit	Premium	Claims Made/Occ
19__	_____	_____	_____	_____
19__	_____	_____	_____	_____
19__	_____	_____	_____	_____

If current coverage is claims made please provide current retro date: _____

14. Briefly summarize your operations and attach brochures or advertising materials

Do you obtain waivers/releases from you clients? () Yes () No. Please provide a copy.

15. Entities to be named as ADDITIONAL INSURED.

Full Name	Mailing Address	Relationship
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Entities that require PROOF ONLY - are not provided additional insured status.

16. GUIDED ACTIVITIES ******(A guest day is the number of guests multiplied by the number of days. **Example: 10 guests for 5 days = 50 guest days.**)

PROJECTED GUEST DAYS / REVENUES FOR COMING YEAR

A. Guides Tours:

- 1. **Trekking** _____ **Guest Days**
- 2. **Hiking** _____ **Guest Days**
- 3. **Photo Safaris** _____ **Guest Days**
- 4. **Sightseeing** _____ **Guest Days**
- 5. **Backpacking** _____ **Guest Days**
- 6. **Bicycling** _____ **Guest Days**
- 7. **Cross Country Skiing** _____ **Guest Days**
- 8. **Rock Climbing** _____ **Guest Days**
- 9. **Dog Sledding** _____ **Guest Days**
- 10. **Carriage & Sleigh rides** _____ **Guest Days**

B. Hunting & Fishing

- 1. **Fishing** _____ **Guest Days**
- 2. **Hunting** _____ **Guest Days**

C. Team Building / Ropes Courses / Rock Gyms

- 1. **Low Element Rope Course** _____ **Guest Days**
(including class room & team building initiatives)
- 2. **High Element Rope Course** _____ **Guest Days**
- 3. **Rock Gyms** _____ **Gross Receipts**

D. Camp Operations

- 1. **RV Hook-Ups, Tents, Tent Sites** _____ **Gross Receipts**

E. Equipment Rentals

- 1. **Bicycling, Cross Country Skis and Non-motorized watercraft** _____ **Gross Receipts**
- 2. **Motorized watercraft** _____ **Gross Receipts**

F. Lodging / Restaurant / Store Service

- 1. **Rooms Lodging** _____ **Gross Receipts**
- 2. **Restaurants, Food Service, Gift Shop, Grocery** _____ **Gross Receipts**

G. Water Outfits

- 1. **River Outfitting - Class 1 &**

Class II (non-whitewater)	_____	Guest Days
2. River Outfitting – Class III	_____	Guest Days
3. River Outfitting – Class IV	_____	Guest Days
4. River Outfitting – Class V	_____	Guest Days

H. OTHER (explain) _____

17. List type/name water operated on, i.e., river, lake, etc.

List safety equipment carried: _____

18. SCHEDULE all MOTORIZED craft used in operations - i.e. watercraft, snowmobiles, jet skis, etc. Attach separate schedule if necessary.

Description	# Units	H.P./C.C.	Length	Where used
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. EQUIPMENT RENTALS i.e., bikes/skates/watercraft/snowmobiles/skis, etc.

20. Any equipment used on city streets Yes No

Any equipment used on frozen waters Yes No

Where specifically is equipment used : _____

21. UNGUIDED DROP OFFS/TENT CAMPS

Description	Guest Days	Gross Receipts
_____	_____	_____
_____	_____	_____

22. LODGING: Included in Package or,

Receipts if charged for separately \$ _____

Maximum # Persons

Year Built

Any one Unit/ Building _____

Lodge/Cabin _____

Include number of stories, construction, and condition

If built prior to 10 years ago, provide full details of upgrades _____

23. FOOD SERVICE () Included in Package or,
() Receipts if charged for separately \$ _____

Alcohol Served () Yes () No

Do you hold license to dispense Alcohol () Yes () No (If you hold license to dispense, coverage is excluded)

24. CONVENIENCE SERVICE Receipts

Grocery/Gift _____

Fuel _____

Propane _____

Other _____

NOTICE TO ARKANSAS APPLICATIONS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "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 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."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

The statements and answers herein are warranted to be true and are made with the knowledge that the Company will act in reliance upon them and any operations not disclosed on this application will not be considered for coverage.

This request is designed to solicit information and is not a policy or a policy binder on the part of the Applicant, its agency, or the Insurance Company. Any misrepresentations by the Applicant may result in the cancellation of any subsequently issued policy or policies.

Owner, Partner or Officer: _____

Title: _____

Date: _____

Please return to: NEW ENGLAND RISK SPECIALISTS, INC.
200 STATE STREET, BOSTON, MA 02109
Attn: Program Department - 5TH Floor
(800) 636-8220 (800) 685-1577 (fax)