



**COLONY SPECIALTY INSURANCE
OUTFITTERS & GUIDES
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Insured: _____ Date: _____

Type of Guide or Outfitter:

- Bicycle Tours
- Fishing (Other than Charter boats or Cruises)
- Guided Cross Country Ski Trips
- Guided Hunting – Confirm the following:
 - _____ Children under 16 provide certificate of completion of an approved hunter safety course
 - _____ No tree stands, tree blinds or tower stands are provided
 - _____ Applicant does not furnish or sell firearms or ammunition. No reloading or gunsmith exposure.
- Guided Hiking and/or Camping Trips
- Outfitting only Other: Describe _____

Land:

Does insured own or operate any of the land on which guided activities take place? Yes No
If yes, what are the total acres owned by the insured? # _____ How many used for guided activities? # _____

Receipts:

What is the amount of receipts from the guide or outfitter activities? _____
\$ _____ What is the amount of other receipts from other operations? Describe _____

Lodging:

Is overnight lodging provided? Yes No If yes, number of cabins or sleeping rooms? # _____

Guiding Operations – Confirm the following:

Guides have at least 2 years experience Yes No
Independent Contractors (including guides/outfitters) supply certificates of G.L. Insurance? Yes No
Children under 16 are accompanied by an adult? Yes No

Boating Exposure – Confirm the following:

Number of boats used in connection with the Guide operation? # _____
Any boats over 26 feet or engines with over 50 HP? Yes No
Any white water level 3, 4 or 5? Yes No
Are Life jackets and safety gear are provided? Yes No
Are Hold harmless agreements signed by all customers? Yes No

Prohibited – Confirm none of the following exposures exist:

All Terrain Vehicles (ATV's, Snowmobiles or Saddle Animals) Yes No
Downhill skiing Yes No
Jeep Tours Yes No
Guided operations outside the United States Yes No
Serving Liquor Yes No

Describe all losses in the past 3 years: _____
Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____