



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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 Toll Free: 1-800-862-6038
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Guides Or Outfitters Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in business: _____

2. Provide a complete description of your operations; include copies of all literature and advertising.

3. List Name of Individuals, Partners, Officers and Employees active in the operation. (minimum age 21)

NAME	LICENSE TYPE & NUMBER:	AGE	# YEARS EXPERIENCE	EXPERIENCE OBTAINED WHERE	COMPLETED FIRST AID TRAINING	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

4. **Attach** copies of licenses of all guides, including principal.

5. Has any license ever been suspended, revoked or denied? Yes No

If Yes, give details: _____

UNDERWRITING INFORMATION (Continued)

6. Complete the applicable information.

GUIDED ACTIVITIES	GROSS SALES	NUMBER OF GUIDES, INCLUDING PRINCIPALS		
		FULL TIME	PART-TIME 1-30 DAYS	PART-TIME 31-60 DAYS
a. Hunting				
b. Fishing				
c. Combination Hunting & Fishing				
d. Cross Country Skiing				
e. Hiking/Backpacking/Photography				
f. Canoe/Kayak				
g. Other (Describe)				
Total Operations				

Does your operations include any of the following? (Wagon/hayride/sleigh/carriage, mountaineering/rock climbing, trail rides / livery, snowmobile tours, dog sled tours) Yes No

If yes, explain _____

Does at least one employee or subcontractor have first aid training on each tour? Yes No

Do you hire other guides as subcontractors? Yes No

Do you work for other guides as a subcontractor? Yes No

7. GUEST DAYS GUIDED OR OUTFITTED

a. Number of guided operating days per year: _____ Outfitted days per year: _____

b. Average number of guided persons per day: _____ Outfitted persons per day: _____

8. LODGING

a. Guest Lodge, Camp or Cook Tent Yes # _____ No

b. Meals Provided: Yes # _____ No

c. Swimming Pools..... Yes # _____ No

d. Guest Rooms, Cabins or Tents (Available for Clients)..... Yes # _____ No

9. EQUIPMENT (Boats, Rafts, Canoes or Kayaks)

MAKE/MODEL/LENGTH	#	PASSENGER CAPACITY	PROP / JET		HP	WITH GUIDE		USE
						Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

UNDERWRITING INFORMATION (Continued)

Is any of the equipment listed above covered by a separate policy? Yes No
 How many boats are operated at one time? _____
 Do all boatmen have Red Cross First Aid Cards? Yes No
 White water exposures? Yes No
 If yes, what is the Maximum Class: I, II, III, IV? _____
 Are Life jackets provided? Yes No
 Boat, raft, canoe or kayak rental? Yes No
 If yes, what are the Gross sales: \$ _____ and # of rentals: _____

10. WATERCRAFT PHYSICAL DAMAGE COVERAGE

YEAR/MAKE/MODEL	LENGTH	SERIAL NUMBER	PASSENGER CAPACITY	HP	VALUE

What is the maintenance schedule of the watercraft and its equipment? _____

What safety precautions are taken to secure the watercraft when not in use? _____

11. VEHICLES USED BY CLIENTS (Snow Machines, Mini Bikes, ATV's, Bicycles, etc.)

DESCRIPTION	#	WITH GUIDE		HELMET PROVIDED		USE
		YES	NO	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any other vehicles used by guides/staff? Yes No

If Yes, please explain: _____

12. MISCELLANEOUS

Saddle Animals: _____ # Pack Animals: _____ # of Dog Sleds: _____ # of Sled Dogs: _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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.