



COLONIAL GENERAL INSURANCE AGENCY, INC.

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(801) 290-1144 WATS (800) 594-8900
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Outfitters and Guides Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

1. Description of operations: _____

2. Type of license (if applicable): _____

3. Applicant's prior experience: _____

4. Activities of applicant:

Table with 2 columns: Activity and Number of Guides. Rows include Hunting, Fishing, Combination Hunting & Fishing, Cross-country Skiing, Backpacking, and Hiking.

Table with 2 columns: Activity and Number of Animals. Rows include Pack animals and Saddle animals.

C. Outfitters
Total annual gross receipts: \$ _____

D. Guest lodging
Description of lodging provided: _____
Total number of beds: _____
Swimming pool provided? Yes No

E. Boats and ATVs
Number of boats: _____ Number of applicant owned ATVs: _____
Length of boats and horsepower: _____
Does applicant provide each boat passenger with a U.S. Coast Guard approved personal flotation device? Yes No

- 5. Is applicant involved with any of the following activities:
A. White water exposures (Class III and above)? Yes No
B. Canoe/kayak watercraft exposures? Yes No
C. Downhill skiing? Yes No
D. Rock climbing or rappelling? Yes No
E. Tree stands provided by applicant? Yes No

- F. Horse rental, training or riding instructions? Yes No
- G. Sleigh, buggy or hay rides?..... Yes No
- H. Applicant providing snowmobiles or ATVs?..... Yes No
- I. Aircraft exposures? Yes No
- J. Applicant providing firearms or ammunition? Yes No
- K. Inner tube rentals? Yes No
- L. Horse trail rides? Yes No
- M. Bicycle tours using public roads?..... Yes No
- N. ATV tours? Yes No

Comments: _____

- 6. Minimum age requirement: _____
- 7. Are hold-harmless agreements/waivers obtained from participants? Yes No
 If yes, attach sample.
- 8. Are all rules and safety guidelines provided to participants? Yes No
- 9. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

Agent's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail
Applicant's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail