

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
 PELEUS INSURANCE COMPANY**
CONTRACT DIVISION - GUIDES AND OUTFITTERS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Alcohol, IF provided by insured
- ATV's, Saddle animals or Snowmobiles, UNLESS used by insured only
- Downhill skiing (cross country acceptable)
- Jeep tours
- Firearms, IF loaning, leasing, renting or selling, and/or there are gun-smithing or reloading exposures
- Loaning motorized transport for use by third parties
- Motorcycle tours
- Night time hunting
- Operations on Tribal Lands
- Territory includes locations outside of the United States
- Tree blinds, tree stands or tower stands provided by insured

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
 (Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

GUIDES AND OUTFITTERS - SUPPLEMENTAL APPLICATION

OPERATIONS / EXPOSURES / CONTROLS

- Age of participants include those under the age of 16:
 - Adult is required to accompany anyone under age 16
 - Confirm anyone under 16 has a certificate of completion of approved hunter safety course

- Boat exposures exist. Number of boats: _____ Types of boats: _____
 - Boat motors (if any) are 60 HP or less
 - Length is 26 feet in length or less
 - Life jackets are required for all riders
 - Safety gear provided on all boats
 - Whitewater exposures are level 1 and 2 only, no level 3, 4 or 5

- Bicycle tours
- Camping exposures
- Fishing (other than charter boats or cruises)
- Hiking exposures
- Insured obtains all required permits and/or permissions if accessing public lands or private property
- Hunting exposures
- Land that activities occur on is owned by applicant
- Land owned by third parties is only used with owner's permission
- Lodging facilities owned by insured (complete Hotel/Motel Supplemental Application)

SUBCONTRACTORS / INDEPENDENT CONTRACTORS

- Uninsured subcontractors are not acceptable
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- Guides (whether employees or subcontracted) all have at least two years of experience
- Guides have CPR training

RECEIPTS

Receipts from all operations including lodging & miscellaneous	\$
Receipts from lodging only	\$
Miscellaneous (other) that is not guide, outfitter or lodging related - Describe:	\$

COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

GUIDES AND OUTFITTERS - SUPPLEMENTAL

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B, or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE