

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## OUTFITTER & GUIDE APPLICATION-FLORIDA

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Effective Date:

Website: www.

Business Type: Corporation

Partnership

Individual

LLC

Other:

Limit of Liability requested:

\$ 300,000 Occurrence

\$ 500,000 Occurrence

\$1,000,000 Occurrence

1. Do you operate any other business from this location?

Yes No

(List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity: Corporation Partnership Individual LLC Other

Description of business:

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

### ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

AGENCY:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

**THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.**

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies  
 8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031  
 Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900  
[www.outdoorinsurance.com](http://www.outdoorinsurance.com) ▪ [www.phly.com](http://www.phly.com)

ACTIVITY INFORMATION				
Actual Total Receipts for Prior 12 Months:				\$
Estimated Total Receipts for Next 12 Months:				\$
Activities Conducted	# of Guides	# of Units	User Days	Revenues
Guided Fishing				\$
Hunting				\$
Shooting Range – Rifle or Pistol				\$
Hiking / Backpacking				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Lodging / Cabin Rentals				\$
Retail Store				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Road Cycling				\$
Boating				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Sea Kayak Tours /Rentals				\$
Waterskiing				\$
Whitewater Rafting				\$
SCUBA Diving				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
Snowshoeing				\$
ATV-guided				\$
ATV-unguided				\$
Snowmobiles-guided				\$
Snowmobiles-unguided				\$
Climbing Wall				\$
Rock Climbing				\$
Paintball				\$
Youth Camps or Programs				\$
Other, describe:				\$

**OPERATIONS INFORMATION**

- |  |     |        |
|--|-----|--------|
| 1. Do you require guests to sign a liability waiver?                   | Yes | No     |
| 2. Do you require guests to complete a health & physical fitness form? | Yes | No     |
| 3. Do you have a brochure or web page?                                 | Yes | No     |
| 4. How many years have you been in business?                           |     | Years  |
| 5. If you are a new venture, how many years of prior experience?       |     | Years  |
| 6. Are any operations conducted outside of the United States?          | Yes | No     |
| 7. Do you hire guides as sub-contractors?                              | Yes | No     |
| If yes, for what activities?   |     |        |
| If yes, do you obtain proof of insurance?                              | Yes | No     |
| 8. Is your business operational year round?                            | Yes | No     |
| If no, number of months you are operational?                           |     | Months |



<b>BICYCLE SECTION</b>	<b>N/A</b>
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**Tour Information**

1. Maximum number of cyclists on a tour?
2. Maximum number of tours operating on the same day?
3. Number of guides on a tour?
4. Are helmets required? Yes      No
5. What is the percentage of tours operated:      Off Road      % vs. On Roadways      %
6. Do you pre-screen guests to determine ability prior to riding? Yes      No
7. Do guides carry any communication device with them? (2-way radio, cell phone, etc.) Yes      No  
If yes, what type?

<b>WATERCRAFT LIABILITY SECTION</b>	<b>N/A</b>
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**Boat Schedule** *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						Yes      No
						Yes      No
						Yes      No
						Yes      No
						Yes      No
						Yes      No

<b>WATERCRAFT GENERAL INFORMATION</b>
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1. What type of operation do you have?  
Boat Rentals      Fishing Trips      Tube or Canoe Rentals      Hunting      Other:
2. On what bodies of water does use take place?  
Rivers      Lakes      Ocean      Bays / Inlets
3. If rivers, what classes are boated:  
Class I      Class II      Class III      Class IV      Class V
4. Are life vests (PFD's) required? Yes      No
5. Are life vests (PFD's) provided? Yes      No

<b>CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION</b>	<b>N/A</b>
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Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. What percent of your operations are unguided? %
2. Number of guides?

<b>EQUINE SECTION</b>	<b>N/A</b>
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**Ride Information**

1. Total number of horses available for guest riding?
2. Maximum number of horses in use for guest riding at any one time?
3. Average number of horses in use for guest riding at any one time?
4. What is the youngest rider you will allow on a horse? Years Old
5. Do you offer the use of helmets? Yes      No
6. Do you ever allow double riding? Yes      No
7. What percentage of your guests ride:      Western Saddle?      % vs. English Saddle?      %
8. What percentage of your horse operations are: Unguided?      % vs. Guided?      %
9. What is the maximum guide to guest ratio?      Guides to      Guests
10. Do you operate pony rides? Yes      No  
If yes:      Trail Ride      Riding Ring      Hand Led      Other(describe):

**GUEST & SAFETY INFORMATION**

1. Do you require guests to complete a physical fitness information form prior to riding? Yes      No
2. Do you pre-screen guest riders and determine ability prior to riding? Yes      No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) Yes      No
4. Do you conduct a pre-ride safety briefing with guests? Yes      No
5. Do you provide a written safety manual of procedures to all staff members? Yes      No  
*If yes, provide a copy.*
6. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):
  
7. Do you board horses for a fee? Yes      No  
If yes, how many?
8. Do you teach or allow your guest to participate in:
 

Dressage	Cattle Drives	Inoculations	Barrel Racing
Horse Jumping	Team Penning	Sleigh Rides	Branding Cattle
Horse Racing	Roping Cattle	Hay Rides	Handling Livestock
Buckboard / Buggy Rides			
  
9. Are guests allowed to handle, rope or brand livestock? Yes      No
10. If you conduct cattle drives, what is the number of:  
Wranglers                      to Riders                      Maximum Duration:                      Maximum Distance:
11. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in:

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes      No  
If yes, please describe:

**Fraud Notice**

**NOTICE TO 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, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 OF THE THIRD DEGREE.

Insured Signature : \_\_\_\_\_ Date:

Name of Authorized Agent or Broker:  
License No.

Date:  
Signature:  
Title: