



OUTFITTERS & GUIDES APPLICATION

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Cortland, NY 13045
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mcneilandcompany.com

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____
(Include all organizations that are to be included as insureds)

FEIN: _____
Mailing Address: _____

County: _____
Location Address: _____

County: _____
Telephone: _____ E-Mail Address: _____
Contact Name: _____ Contact Title: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____
Name of Agency: _____
Address: _____
Agency telephone: _____ Agency e-mail address: _____
Do you currently write this account? ☐ Yes ☐ No
If yes, for how long? _____ Carrier Name? _____
Is the account Sub-Brokered ☐ Yes ☐ No
If yes, please indicate Agency Name? _____

BUSINESS INFORMATION

Which best describes the organization (please check one):
☐ Fishing Guide ☐ Hunting Guide ☐ Hiking or Tour Guide ☐ Other (please describe): _____
Description of organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____
Years in operation under current ownership: _____ (**Minimum Requirement: 3 Years in Operation**)
Has your business filed for bankruptcy and/or been in receivership within the last 3 years? ☐ Yes ☐ No
Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (**N/A in Missouri**) ☐ Yes ☐ No
If yes, please provide dates, coverage and explanation: _____

CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate	<input type="checkbox"/> \$500,000/\$1 million	<input type="checkbox"/> \$1 million/\$2 million	<input type="checkbox"/> \$1 million/\$3 million
Employee Benefits Liability** (claims made only)	<input type="checkbox"/> \$500,000/\$1 million	<input type="checkbox"/> \$1 million/\$2 million	<input type="checkbox"/> \$1 million/\$3 million
	Retroactive Date: _____		

****Employee Benefits Liability not available in MT, NY and TX**

Hired & Non-Owned Liability

☐ N/A

If auto coverage is not desired and the Insured require hired & non-owned liability coverage, please complete the below questions:

Does the Insured have any business owned autos? ☐ Yes ☐ No

Do any of the employees utilize their own vehicles to transport patrons? ☐ Yes ☐ No

Who uses their own vehicle for business and for what purpose? _____

Does the insured verify the coverage (via a copy of personal declarations page) on the non-owned vehicles? ☐ Yes ☐ No

Do they require that certain limits be carried on the PAP? ☐ Yes ☐ No

OPERATIONS

Have your guides received first aid training? ☐ Yes ☐ No

Do your guides carry a means of communication (cell phone, 2-way radios, etc.)? ☐ Yes ☐ No

Total number of Guides/Outfitters: (do not include subcontractors) _____

Do all subcontractors have separate insurance? ☐ Yes ☐ No

If no, total number of subcontractors: _____

Are any operations conducted outside of the United States or Canada? ☐ Yes ☐ No

Percentage of operations conducted in Canada: _____

Do you allow your guests to bring pets? ☐ Yes ☐ No

Do you have any youth focused activities or programs without parental supervision? ☐ Yes ☐ No

Do you sell alcohol? ☐ Yes ☐ No

If yes, please complete and attach the **Liquor Supplement**.

Is alcohol consumption allowed before or during any activities (not including fishing)? ☐ Yes ☐ No

Do you own, maintain, operate or use any airfields, runways, hangars, buildings or other properties used in connection with aviation activities or airports?

☐ Yes ☐ No

Total number of guests utilizing guided activities: _____

Maximum duration of guided activities: _____

ACTIVITIES CONDUCTED

Prior 12 month's actual total receipts: \$ _____ Next 12 month's estimated total receipts: \$ _____

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver to **participate in activities**? ☐ Yes ☐ No

Activities Conducted	# of Units	Revenue
<input type="checkbox"/> ATV/Snowmobile (complete supplemental)	ATV Snowmobile	\$
<input type="checkbox"/> Horseback Riding (complete supplemental)		
<input type="checkbox"/> Hunting Operations (complete section below)		\$
<input type="checkbox"/> Pools/Swimming Areas (complete supplemental)		
<input type="checkbox"/> Restaurant/Snack Bar		\$
<input type="checkbox"/> Retail Operations (complete section below)		\$
<input type="checkbox"/> Cross Country Skiing/Snowshoeing		\$
<input type="checkbox"/> Fishing Operations (complete section below)		\$
<input type="checkbox"/> Hay/Sleigh/Wagon Rides (complete section below)		\$
<input type="checkbox"/> Hiking/Backpacking		
<input type="checkbox"/> Mountain Biking/Road Cycling (complete section below)		\$
<input type="checkbox"/> Mountain/Rock Climbing (complete supplemental)		
<input type="checkbox"/> Available Land for Your Use	Acres Leased Acres Owned State Land Used	
<input type="checkbox"/> Canoes <input type="checkbox"/> Kayaks <input type="checkbox"/> Rowboats/Paddle Boats	Canoes Kayaks RB/PB	\$
<input type="checkbox"/> Float Tubes	Is alcohol consumption allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Motorized Boat < 4 Passengers	< than 4 Pass	\$
<input type="checkbox"/> Motorized Boat > 4 Passengers	< than 4 Pass	\$

What activities, other than those identified above, are conducted or take place at your business? _____

HUNTING OPERATIONS

☐ N/A

What percentage of your hunting operations is unguided? _____%

What type of game is being hunted? (Check all that apply)

☐ Bear ☐ Deer/Elk ☐ Exotics ☐ Game Birds ☐ Hogs ☐ Waterfowl ☐ Other: _____

Are tree stands used?

☐ Yes ☐ No

If yes, are safety harnesses required?

☐ Yes ☐ No

Do you use any of the following to transport hunters? (Check all that apply)

☐ ATVs ☐ Boats ☐ Horses ☐ Snowmobiles ☐ Other: _____

What type of weapons are used? (Check all that apply)

☐ Bows ☐ Crossbows ☐ Modified Weapons ☐ Muzzle Loaders ☐ Pistols ☐ Rifles

☐ Other: _____

MOUNTAIN BIKING/ROAD CYCLING INFORMATION

☐ N/A

What percentage of your on-road (please do not include off-road in this percentage) cycling operations is unguided? _____%

Do you rent or supply bicycles to your guests?

☐ Yes ☐ No

Are helmets provided for use?

☐ Yes ☐ No

FISHING OPERATIONS

☐ N/A

What percentage of your fishing operations is unguided? _____ %

Do you operate on any class IV or V rivers?

☐ Yes ☐ No

Are regulation size lifejackets provided for use to all passengers?

☐ Yes ☐ No

Do you ever operate further than 5 miles from shore?

☐ Yes ☐ No

Do you have bow fishing operations?

☐ Yes ☐ No

If yes, is a safety slide mandatory with use?

☐ Yes ☐ No

Is a safety briefing conducted with guests?

☐ Yes ☐ No

Are bows provided by insured or guest owned?

☐ Insured ☐ Guest

Does the insured participate in any type of alligator hunting?

☐ Yes ☐ No

****If physical damage/hull coverage is required, please attach the applicable ACORD application****

HAY/SLEIGH/WAGON RIDES

☐ N/A

Ride Type: (Check all that apply)

☐ Wagon

☐ Sleigh

☐ Surrey

☐ Buckboard/Buggy

☐ Other: _____

Conveyance Type:

☐ Tractor

☐ Horse

☐ Other: _____

Rides take place on:

☐ Public Roads

☐ Public Areas ☐ Private Land (your premise)

Maximum Number of Passengers: _____

Are rides operated and/or supervised by employees?

☐ Yes ☐ No

RETAIL OPERATIONS

☐ N/A

What type of inventory do you sell? (Please check **all that apply**):

☐ General Merchandise

☐ Souvenirs

☐ Baked/Homemade Goods

☐ Groceries

☐ Alcohol

☐ Guns

☐ Other: _____

Please specify any other types of retail operations that take place at your business: _____

****It is essential you make every attempt to obtain COI's for products liability insurance from manufacturers of your products for your files.****

REAL AND PERSONAL PROPERTY INFORMATION

Please complete and attach a property ACORD application.

What fire control water sources are available?

☐ Fire Hydrant

☐ Pool

☐ Pond/Lake

☐ Water Tank

☐ Other, please specify: _____

Name of and distance from your servicing Fire Department? _____

Does your business operate year round?

☐ Yes ☐ No

If no, is there a caretaker in the area/on site year round?

☐ Yes ☐ No

If no, are buildings winterized?

☐ Yes ☐ No

Are there smoke alarms in all corridors and sleeping quarters?

☐ Yes ☐ No

Are there CO (Carbon Monoxide) Detectors installed?

☐ Yes ☐ No

Do any buildings have wood burning fireplaces and/or woodstoves?

☐ Yes ☐ No

If yes, please list location numbers: _____

REAL AND PERSONAL PROPERTY INFORMATION (CONTINUED)

Are all fireplaces/chimneys cleaned and properly maintained annually? ☐ Yes ☐ No

Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? ☐ Yes ☐ No

If yes, list location numbers: _____

Cooking Information

Do any buildings have cooking facilities? ☐ Yes ☐ No

If yes, please list location numbers: _____

Do you have an automatic extinguishing system over the cooking surface? ☐ Yes ☐ No

Do you have automatic fuel shut-offs to stoves? ☐ Yes ☐ No

Do you have deep fat fryers? ☐ Yes ☐ No

Do you have a hood and duct system? ☐ Yes ☐ No

If yes, is there a formal maintenance contract in place? ☐ Yes ☐ No

Do you have fire extinguishers readily available? ☐ Yes ☐ No

Dock Information

Indicate the total number of Docks: _____

Indicate the number of Boat Slips: _____

Are the docks removed? ☐ Yes ☐ No

If requesting property coverage for docks valued \$100,000 or greater, please provide pictures.

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million) ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1 million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Address: _____ Policy Period: _____

Employers Liability (Coverage B) Limits:	\$ _____	Bodily Injury by Accident
	\$ _____	Bodily Injury by Disease
	\$ _____	BI by Disease Policy Limit

***Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.**

ADDITIONAL COVERAGES AVAILABLE

For Business Automobile, Garagekeepers, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____ (current year)

Carrier(s): _____ \$ _____ (1st prior year)

Carrier(s): _____ \$ _____ (2nd prior year)

CLAIMS HISTORY

Have there been any claims or losses in the last five years?

☐ Yes ☐ No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	DESCRIPTION	STATUS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Attach separate pages if needed. Provide the carrier loss runs if available.**

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- All available brochures and/or website address **Website Address:** _____
- Claims section completed or 5 years of currently valued hard copy loss runs (at underwriter's discretion)
- Completed property ACORD form
- Any applicable exposure supplements, as indicated above

A proposal will not be offered without the above referenced attachments.

Do you supply/rent any watercraft to your guests?

☐ Yes ☐ No

What percentage of your watercraft operations is unguided? _____%

Do you permit water skiing, knee boarding or tubing with the use of watercraft supplied/rented to guests?

☐ Yes ☐ No

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Dos and/or Waverunners)

☐ Yes ☐ No

Are life vests/personal flotation devices provided for participants?

☐ Yes ☐ No

Is the consumption of alcohol permitted with use of your watercraft?

☐ Yes ☐ No

Does boat travel ever extend further than 5 miles from the shore?

☐ Yes ☐ No

Does any boat/raft use occur on rivers classified as Class IV or V?

☐ Yes ☐ No

Non-Motorized Watercraft

Number of Canoes _____		Number of Paddle Boats _____
Number of Kayaks _____		Number of Float Tubes _____
Number of Row Boats _____		Number of Rafts _____

Motorized Watercraft

Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guest Operated

****If physical damage/hull coverage is required, please attach applicable ACORD form****

What percentage of your ATV/Snowmobile operations is unguided? _____%

Total number of owned ATVs? _____

Total number of owned snowmobiles? _____

Total number of owned golf carts? _____

Do you rent or supply ATVs/Snowmobiles/Golf Carts to your guests?

☐ Yes ☐ No

Are helmets required for ATV or snowmobile use?

☐ Yes ☐ No

Are helmets provided to your guests for use?

☐ Yes ☐ No

Do you conduct a pre-ride safety briefing with guests?

☐ Yes ☐ No

Is there a formal maintenance program for owned units?

☐ Yes ☐ No

Do you provide mechanical service and/or sell mechanical parts for non-owned ATVs/Snowmobiles/Golf carts?

☐ Yes ☐ No

Is alcohol consumption allowed before or during any activities?

☐ Yes ☐ No

Total ATV Receipts? \$ _____

What percentage of your total operations is attributed to ATV operations? _____%

Total snowmobile Receipts? \$ _____

What percentage of your total operations is attributed to snowmobile operations? _____%

HORSEBACK RIDING/RODEO INFORMATION☐ N/A

What percentage of riding operations is unguided? _____%

What is the total number of horses available for guest riding? _____

Average number of pack animals: _____

Average number of saddle animals: _____

What is the youngest rider you will allow on a horse? _____ years old

Do you have helmets available for all riders age 12 and under? ☐ Yes ☐ NoDo you ever allow double riding? ☐ Yes ☐ NoDo you conduct a pre-ride safety briefing with guests? ☐ Yes ☐ NoDo you provide a written safety manual outlining procedures to staff members? ☐ Yes ☐ No

List any reasons why you would decline a person from riding (health, age, alcohol, etc): _____

Do you operate pony rides? ☐ Yes ☐ NoIf yes, is the pony hand lead? ☐ Yes ☐ No

What is the youngest rider you will allow on a pony? _____ years old

Do you board horses other than those owned by yourself or your guests? ☐ Yes ☐ NoDo you hold rodeos or any timed events other than gymkhana? ☐ Yes ☐ NoDo you allow your guests inside the ring without a trained staff member at any time? ☐ Yes ☐ NoDo you allow your guests to rope or brand cattle? ☐ Yes ☐ NoDo you conduct cattle drives? ☐ Yes ☐ No

If yes, is the wrangler to rider ratio? _____ / _____