

NOT AVAILABLE IN NH, NY & WA

**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: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**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):

- Dude Ranch       Hunting Preserve       Fishing Guide       Lodge       Guest Ranch  
 Hunting Guide       Other \_\_\_\_\_

Are you requesting a Property & Casualty quotation through our AdvenSure program?  Yes  No

Do you want a quote for:  Guides/Outfitters       Guests       Both

Total number of Guides/Outfitters: \_\_\_\_\_

Total number of Guests expected this year: \_\_\_\_\_

Average trip Duration: \_\_\_\_\_ days

Include coverage for subsidiaries?  Yes  No

**SECTION I**

**A. CLASSES OF ELIGIBLE PERSONS**

**DESCRIPTION**

- Class 1 All guides conducting an organized hunting trip, fishing trip, rafting trip, or dude ranch activity, as sponsored by the Participating Organization or while performing their normal duties for the Participating Organization. All trips including hunting or fishing activities must be conducted during the legal hunting or fishing season. All eligible rafting trips must be for rapids classification 1 and 2 only. All guides must be 1) licensed if required by state, 2) a U.S citizen residing in the United States, or if not a U.S. citizen, reside permanently in the United States, and 3) remunerated by the Participating Organization.
- Class 2 All participants of an organized hunting trip, fishing trip, rafting trip, or dude ranch activity, as sponsored by the Participating Organization. All trips including hunting or fishing activities must be conducted during the legal hunting or fishing season. All eligible rafting trips must be for rapids classification 1 and 2 only. All participants must be a U.S citizen residing in the United States, or if not a U.S. citizen, reside permanently in the United States. All trips and activities sponsored by the Participating Organization must be less than 15 days.

**B. CLASS**

**DESCRIPTION OF HAZARDS**

Class 1 and Class 2 Exposure and Disappearance, Supervised and Sponsored Activities

**C. CLASS**

**DESCRIPTION OF BENEFITS AND PRINCIPAL SUM**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Class 1 Principal Sum: \$15,000  
 Time Period for Loss: 365 days  
 Class 2 Principal Sum: \$5,000  
 Time Period for Loss: 365 days

**ACCIDENT MEDICAL EXPENSE BENEFITS**

**CLASS 1 AND CLASS 2**

Total Benefit Maximum for all Accident Medical Expense Benefits \$750 maximum benefit amount  
 Loss Period First Covered Expenses must be incurred within 30 days after the Covered Accident.  
 Benefit Period 1 year from the date of the Covered Accident.  
 Terms of Payment Primary Benefits

**COVERED EXPENSE**

**BENEFIT AMOUNT**

Hospital Confinement \$30 per day up to 25 consecutive days  
 Physician Office Visit \$25 per visit for two (2) visits  
 Emergency Room and Supplies \$50 per visit subject to one (1) visit  
 Outpatient Laboratory Tests and X-Rays \$25 for a Covered Accident  
 Ambulance \$50 for a Covered Accident

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless: a) this application is received and approved by Arch Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

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**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK 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 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and title (please print):** \_\_\_\_\_

**Insurance Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_