

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

OUTFITTER SUPPLEMENT

Desired Effective Date: _____

Name of Applicant: _____
Business Name: _____
Mailing Address: _____
Telephone Number: _____ Fax Number: _____
Number of years in Business: _____ Annual Gross Receipts: \$ _____
Location of all premises which are to be covered by this insurance: (Private, National Forest, Government lands or Hunting Unit Numbers) _____

County: _____
Insured as: Individual Corporation Partnership Joint Venture

ALL QUESTIONS MUST BE FULLY ANSWERED

Description of Operations: _____

Limits of Liability requested: \$500,000 \$1,000,000
Does insured have a current outfitter license? Yes No License #: _____ State: _____
Has your license or use permit ever been revoked or suspended? Yes No
Name of Insurance Company (not agency) and Policy Number who you are currently insured with: _____

Current Premium: \$ _____
Has any insurance company declined, cancelled, or non-renewed your insurance? Yes No

If yes, please explain: _____
Have there been any losses or claims? Yes No
Do you currently have any claims pending? Yes No

If yes, please explain: _____
Period of operations: Year Round Seasonal Month _____ From _____ To _____
Total number of guides you employ: _____ Do you have a designated Agent? Yes No

If yes, name: _____
Ratio of guides to guests: _____ Do you have a pre-activity briefing for all guests? Yes No
Is outfitter/guide operation in conjunction with a Resort Ranch Guest/Dude Ranch
Total number of guest days for all activities: _____ (i.e. 1 guest for 1 day = 1 guest day)

FOR THE FOLLOWING QUESTIONS, LIST THE TOTAL NUMBER OF EACH USED IN YOUR OPERATION

Number of saddle animals used for big game hunting and summer pack trip (guided trips only): _____
Number of pack animals used for big hunting & summer pack trips (i.e. mules, horses, llamas): _____
Number of saddle animals used for trail rides (i.e. guided hourly to daily): _____
Number of snowmobiles used (guided tours only, no rentals): _____
Do you do cross country skiing? (Groomed trails only) No rentals Yes No
Do you operate a guide school? Yes No Number of Guest Cabins: _____ Number of guest lodges: _____

WATER ACTIVITIES:

Do you use any of the following types of boats (non-white water use only)? If so number of each used.
Rubber Rafts: _____ Drift Boats: _____ Row Boats: _____ Kayaks: _____
Canoes: _____ Float Tubes: _____ Boats with motors under 25 hp: _____

List all waters used: _____
This cover is for guided trips only, no rentals. Describe first aid equipment carried: _____

Are coast guard approved life jackets used and worn? Yes No
Do all boatmen and guides have a Red Cross First Aid Qualification Card? Yes No

WATER ACTIVITIES cont'd:

Do you have any of the following used with your outfit or guest/dude ranch? If so, list number of each

Swimming pools Hot Tubs or Spas Saunas

Any swimming allowed in ponds or lakes? Yes No

Any marinas, docks, boat slips or airstrips exposure? If so, explain: _____

WAGON RIDES:

Do you have any of the following? If so number used and months used.

Hay Wagons Months _____

Sleigh Rides Months _____

Buggy Rides Months _____

Stage Coaches Months _____

Do you use mountain bikes (guided tours only) no rentals: Yes No If yes, number used: _____

Any back packing or hiking (guided tours only) no mountaineering: Yes No

Please attach a copy of the release of liability for that use in your operation.

ADDITIONAL INSURED

INTERESTS

CERTIFICATES

IF THIS IS A GUEST/DUDE RANCH WITH NO OUTFITTING EXPOSURE, HOW MANY OF THE FOLLOWING DO YOU USE?

No (this means that you do not have or need *an outfitters license*)

Saddle animals used for hourly or trail rides _____ Number _____ Months

I hereby certify that the information provided herein is true and correct. I understand this information will become a part of the policy and that any misrepresentation of the facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed