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OUTFITTERS & GUIDES APPLICATION

| | |
|----------------|---------------|
| Named Insured: | Agency Name: |
| Address: | Address: |
| | |
| Phone Number: | Phone Number: |
| Fax Number: | Fax Number: |

1. **Desired Policy Date:** From: _____ To: _____
12:01 A.M., Standard Time At the Address of the Named Insured as Stated Herein.

2. **Operations are:** Annual Seasonal From: _____ To: _____

3. **COVERAGES**

LIMITS

| | | |
|---|----------------------------------|----------|
| <input type="checkbox"/> Products – Completed Operations | General Aggregate | \$ _____ |
| <input type="checkbox"/> Premises Operations | Products-Completed Operations | \$ _____ |
| <input type="checkbox"/> Medical Payments | Personal and Advertising Injury | \$ _____ |
| <input type="checkbox"/> Contractual Liability | Each Occurrence | \$ _____ |
| <input type="checkbox"/> Damage to Premises Rented to You | Damage to Premises Rented to You | \$ _____ |
| <input type="checkbox"/> Personal and Advertising Injury | Medical Payments | \$ _____ |

4. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

| Year | Carrier/Policy Number/Premium | Coverage | Losses | Amount | Description of Losses (Use separate sheet if necessary) |
|------|-------------------------------|----------|--------|--------|--|
| | | | | | |
| | | | | | |
| | | | | | |

5. During the past three years has any company ever canceled, declined or refused to issue any similar insurance to the applicant? Yes No If yes, advise reason: _____

6. **Description of Operations:** (attach any flyers, brochures, website address etc.):

7. **Applicant's experience:** _____ **Years in business:** _____

8. **Type of License (if applicable):** _____

9. **Annual gross receipts:** _____ **Number of Guest Days:** _____

10. **Activities of applicant:**

a. Guides: (provide number of each)

| | | | |
|----------------------------|--|----------------------|--|
| Hunting | | Cross Country Skiing | |
| Fishing | | Backpacking | |
| Combined Fishing & Hunting | | Hiking | |

b. Pack Animals/saddle animals: (provide number of each)

| | | | |
|--------------|--|----------------|--|
| Pack animals | | Saddle Animals | |
|--------------|--|----------------|--|

c. Boats/watercraft

| | Number Of watercraft | Length of boat(s) and Horsepower of each | Equipped with Personal Floatation Devices (lifejackets) for each passenger |
|--------|----------------------|--|--|
| Boats | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Canoes | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kayaks | | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

d. Miscellaneous items:

| | Number | Equipped with floatation devices on the equipment |
|-------------------|--------|---|
| ATVs | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Bombardiers | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Snowmobiles | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Ice House rentals | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other: | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

e. Guest Lodging

1. Description of lodging provided: _____
2. Total number of units/cabins: _____
3. Number of beds: _____

- 4. Swimming pool/beach Yes No
- 5. Campsites? Yes No Number of sites: _____

f. Outfitters:

- 1. Type of equipment provided/rented: _____
- 2. Receipts for outfitting operations: _____

11. **Is the applicant involved with any of the following activities:**

- a. White water exposures (Class III and above)? Yes No
- b. Downhill skiing? Yes No
- c. Rock climbing or rappelling? Yes No
- d. Tree stands provided by applicant? Yes No
- e. Horse rental, training or riding instructions? Yes No
- f. Sleigh, buggy or hay rides? Yes No
- g. Aircraft exposures? Yes No
- h. applicant providing firearms or ammunition? Yes No
- i. Inner tube rental? Yes No
- j. Horse trail rides? Yes No
- k. Personal watercraft (jet ski) rental? Yes No

12. **Additional Insureds:**

- a. Are any additional insureds required? Yes No
 - b. If yes, list name and describe interest of each: _____
-

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines And/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____