



www.ericksonlarseninccom

Outfitters & Guides Application

Erickson-Larsen, Inc.
6425 Sycamore Ct N
Maple Grove, MN 55369
Phone: (763) 535-0055
Fax: (763) 535-4051
Watts: (800) 442-3168

Bjornson/Sentinel-E&L
P.O. Box 2827
Fargo, ND 58108-2827
Phone: (701) 232-2444
Fax: (701) 232-2529
Watts: (800) 284-0965

Erickson-Larsen, Inc. – WI
P.O. Box 8156
Madison, WI 53708-8156
Phone: (608) 249-6050
Fax: (608) 249-5874
Watts: (888) 249-6050

Named Insured: _____
Mailing Address: _____
City State Zipcode

Applicant is: Individual Partnership Corporation LLC Trust
 Other (specify) _____

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: _____

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	
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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.

Signature of Applicant Title Date:

Signature of Producing Agency Date

Agency Name and Address Phone Number: