



www.ericksonlarseninccom

Outfitters & Guides Application

Erickson-Larsen, Inc.
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Watts: (800) 442-3168

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Fargo, ND 58108-2827
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Fax: (701) 232-2529
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Erickson-Larsen, Inc. – WI
P.O. Box 8156
Madison, WI 53708-8156
Phone: (608) 249-6050
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Watts: (888) 249-6050

Named Insured: _____

Mailing Address: _____
City State Zip code

Location Address _____
City State Zip code

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. **Have any related licenses ever been refused, suspended or revoked?** Yes No
 If yes, explain fully _____

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

11. **Does applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured _____

12. **Activities of applicant:**

a. **Guides:** (provide number of each)

Hunting		Cross Country Skiing	
Fishing		Backpacking	
Kayaking		Hiking	
Combined Fishing & Hunting		Other (Explain)	

Guide Information:

Name	Age	Licensed		Employee (E) or Subcontractor (S)	Years Experience	First Aid Certified	
		Yes	No			Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

Pack animals		Saddle Animals	
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c. **Boats/watercraft (attach additional sheet if needed)**

	Number Of watercraft	Length of boat(s) and Horsepower of each	Equipped with US Coast Guard approved 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
Rowboats			<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 US Coast Guard approved Personal Floatation devices on the equipment
ATVs (4 wheelers)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UTVs (side-by-side Seating)		<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. Maximum guest capacity: _____
5. Do all cabins/units have working smoke alarms? Yes No
6. Swimming pool/beach Yes No
7. Campsites? Yes No Number of RV sites: _____ Number of Tent sites: _____

f. Outfitters:

1. Type of equipment provided/rented: _____
2. Gross Receipts for Retail Equipment Sales: _____
3. Gross Receipts for Equipment Rental: _____

13. Is the applicant involved with any of the following activities:

- a. Aircraft/Aviation exposures? Yes No
- b. Unmanned aircraft systems (drones)? Yes No
- c. ATVs/UTVs tours? Yes No
- d. ATVs/UTVs hourly/daily rentals? Yes No
- e. ATVs/UTVs provide by applicant and used for
 - Hunting/fishing trips? Yes No
 - If yes, are helmets required? Yes No
- f. Paddle boards used on rivers or streams? Yes No
- g. Inner tube rental? Yes No
- h. Personal watercraft (jet ski) rental? Yes No
- i. White water exposures (Class III and above)? Yes No
- j. Do you offer underwater activities including
 - Catfish noodling, diving or scuba? Yes No
- k. Are services offered on the Great Lakes? Yes No
- l. Deep sea fishing? Yes No

- m. Ice Fishing? Yes No
 - n. Bicycle tours using public roads? Yes No
 - o. Spelunking (cave diving or exploring)? Yes No
 - p. Downhill skiing? Yes No
 - q. Rock climbing or rappelling? Yes No
 - r. Dogsled? Yes No
 - s. Segways used by customers? Yes No
 - t. Sleigh, buggy or hay rides? Yes No
 - u. Horse rental, training or riding instructions? Yes No
 - v. Horse trail rides? Yes No
 - w. Unguided saddle animal trail rides? Yes No
 - x. Guided saddle animal trail rides?
If so, are helmets required? Yes No
 - y. Wilderness/Survival camps? Yes No
 - z. Other (specify) Yes No
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14. **For hunting guide services:**

- a. Do all hunters have a valid hunting license and comply with all federal and state hunting laws? Yes No
- b. Are minors accompanied by parent/guardian at all times? Yes No
- c. Are areas where the Guide takes the clients to hunt away from populated locations? Yes No
- d. Tree stands provided by applicant?
If yes, are safety harnesses required? Yes No
- e. Do you operate drop camps? Yes No
- f. Indicate type of game hunted:
 Elk Deer Bear Turkey Waterfowl Upland Birds Hogs
 Other: _____
- g. Does applicant provide firearms or ammunition? Yes No
- h. Does applicant reload &/or sell reloaded ammunition? Yes No
- i. Maximum ratio : Guides to: _____ Guests: _____
- j. Maximum number of hunters at any one time: _____

15. Minimum age requirement: _____

16. Are hold-harmless agreements/waivers obtained from all participants? Yes No
If yes, attach a sample

17. Are any operations conducted outside the United States? Yes No

18. Are all rules and safety guidelines provided to participants? Yes No

19. Do you hire guides as subcontractors? Yes No
If yes, indicate which activities

If yes, do you obtain proof of insurance? Yes No

20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power company? Yes No

21. Do guides carry any communication device with them (2-way radio, cell phone, etc...)? Yes No

21. **Additional Insureds:**

a. Are any additional insureds required? Yes No

b. If yes, list name, address 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: