



www.ericksonlarseninc.com

Outfitters & Guides Application

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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"/>
		<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"/>

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? ☐ Yes ☐ No
 - 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? ☐ Yes ☐ No
- 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: