



New England Excess Exchange, Ltd.  
 PO Box 650 - Barre, VT 05641  
 800-548-4301 - Fax 800-347-4935  
 www.neee.com - info@neee.com

## Guides Or Outfitters Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in business: \_\_\_\_\_

2. Provide a complete description of your operations; include copies of all literature and advertising.

\_\_\_\_\_

\_\_\_\_\_

3. List Name of Individuals, Partners, Officers and Employees active in the operation. (minimum age 21)

NAME	LICENSE TYPE & NUMBER:	AGE	# YEARS EXPERIENCE	EXPERIENCE OBTAINED WHERE	COMPLETED FIRST AID TRAINING	
					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"/>

4. **Attach** copies of licenses of all guides, including principal.

5. Has any license ever been suspended, revoked or denied? .....  Yes  No

If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

6. Complete the applicable information.

GUIDED ACTIVITIES	GROSS SALES	NUMBER OF GUIDES, INCLUDING PRINCIPALS		
		FULL TIME	PART-TIME 1-30 DAYS	PART-TIME 31-60 DAYS
a. Hunting				
b. Fishing				
c. Combination Hunting & Fishing				
d. Cross Country Skiing				
e. Hiking/Backpacking/Photography				
f. Canoe/Kayak				
g. Other (Describe)				
Total Operations				

Does your operations include any of the following? (Wagon/hayride/sleigh/carriage, mountaineering/rock climbing, trail rides / livery, snowmobile tours, dog sled tours) .....  Yes  No

If yes, explain \_\_\_\_\_

Does at least one employee or subcontractor have first aid training on each tour? .....  Yes  No

Do you hire other guides as subcontractors? .....  Yes  No

Do you work for other guides as a subcontractor? .....  Yes  No

7. GUEST DAYS GUIDED OR OUTFITTED

a. Number of guided operating days per year: \_\_\_\_\_ Outfitted days per year: \_\_\_\_\_

b. Average number of guided persons per day: \_\_\_\_\_ Outfitted persons per day: \_\_\_\_\_

8. LODGING

a. Guest Lodge, Camp or Cook Tent .....  Yes # \_\_\_\_\_  No

b. Meals Provided: .....  Yes # \_\_\_\_\_  No

c. Swimming Pools.....  Yes # \_\_\_\_\_  No

d. Guest Rooms, Cabins or Tents (Available for Clients) .....  Yes # \_\_\_\_\_  No

9. EQUIPMENT (Boats, Rafts, Canoes or Kayaks)

MAKE/MODEL/LENGTH	#	PASSENGER CAPACITY	PROP / JET		HP	WITH GUIDE		USE
						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"/>	

**UNDERWRITING INFORMATION (Continued)**

Is any of the equipment listed above covered by a separate policy? .....  Yes  No  
 How many boats are operated at one time? \_\_\_\_\_  
 Do all boatmen have Red Cross First Aid Cards? .....  Yes  No  
 White water exposures? .....  Yes  No  
 If yes, what is the Maximum Class: I, II, III, IV? \_\_\_\_\_  
 Are Life jackets provided? .....  Yes  No  
 Boat, raft, canoe or kayak rental? .....  Yes  No  
 If yes, what are the Gross sales: \$ \_\_\_\_\_ and # of rentals: \_\_\_\_\_

**10. WATERCRAFT PHYSICAL DAMAGE COVERAGE**

YEAR/MAKE/MODEL	LENGTH	SERIAL NUMBER	PASSENGER CAPACITY	HP	VALUE

What is the maintenance schedule of the watercraft and its equipment? \_\_\_\_\_

What safety precautions are taken to secure the watercraft when not in use? \_\_\_\_\_

**11. VEHICLES USED BY CLIENTS**

Do your operations include:	Helmet Provided?		If YES, is it used <b>exclusively</b> by you and your employees and only for the purpose of transporting luggage, provisions, and / or hunted game in conjunction with your operations?	
	YES	NO	YES	NO
Snowmobiles <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATV's <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses/Saddle Animals <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pack Animals <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog Sleds <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. MISCELLANEOUS**

# Saddle Animals: \_\_\_\_\_ # Pack Animals: \_\_\_\_\_ # of Dog Sleds: \_\_\_\_\_ # of Sled Dogs: \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____			
_____			
_____			

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date