



Stratus Insurance Services, Inc.

260 South 2500 West, Suite 303

Pleasant Grove, UT 84062

Phone: 866-395-1308

Fax: 801-763-1374

Application for Guided Recreational Activities

(Please answer ALL questions. If questions do not apply, please indicate "NA")

-I- Applicant Information

Name of Business: _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Telephone: (____) _____ Fax: (____) _____

E-Mail: _____ Web Address: _____

Mailing Address, if different: _____ City: _____

State: _____ Zip: _____ Entity is: Individual Corp. Partnership LLC Other

-II- Insurance Coverage

Proposed Effective Date: ____/____/____ Liability Limits: \$500,000 \$1,000,000

Carrier & Claim Information:

Policy Period	Insurance Carrier	Liability Limit	Premium	Claims Paid

Has any insurance company on behalf of the operation ever been cancelled, declined or reused renewal? Yes No If "Yes", please provide details: _____

Do you know of any incident which may lead to a claim? Yes No If "Yes", describe: _____

On a separate sheet of paper, please provide details of all claims made (whether paid or not) under your liability, medical and/or accident policies over the past 5 years.

-III- Operations & Underwriting Information

Dates/Season of Operation: _____ to _____

What percent of your operation is on Forest Service, wilderness area or BLM land? _____%

Indicate the number of guides your operation had on any one day last year: _____ Please provide the following information on your guides:

Name	Age	Years Experience	First Aid Training
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

Has any guide been involved in an incident which resulted in a death or serious injury? Y N

If yes, please provide details on a separate sheet of paper.

Provide the information on those applicable areas of operation:

Operations	Guest Days	Gross Receipts
Recreational Tree Climbing		
Guided Fishing		
Ski School		
Bike Rental		
Mountaineering/Rock Climbing		
Orienteering/Map & Compass		
Cross Country Skiing		
Guided Snowmobiling		
Indoor Wall Climbing		
Biking Tours		
Hiking Tours		
Team Building		
Guided Kayak Tours		
River Rafting		
Other:		
Total		

Equine Information:

- Number of saddled animals on any one trip? _____
- Total Number of Horses owned/leased? _____
- Number of pack animals used on any one trip? _____

Lodging:

Facility	Units/Capacity	Gross Receipts
Lodging		
Sleeping Units/Cabins		
Restaurant		
Snack Bar		

Water Facilities:

Facility	Number of:
Pool(s)	
Hot Tub/Spas	
Lake/Ponds	
River	

Are these operations to be included under this policy? Yes No

-III- Operations & Underwriting Information Continued

Please provide a list of all water **Safety Features** for your facility (signs, fencing, equipment, lifeguards, precautions, etc.): _____

Provide a descriptions of all operations not included above: _____

Attach any brochures and advertising materials for your operations

Do you own or operate any type of boat/watercraft? Yes No If yes, please provide details of type, length, horse power, usage, etc: _____

To what associations do you belong? _____

-IV- Additional Insured's

Name	Address	City	State	Zip	Relationship

-V- Conditions

1. All riders must be accompanied by a guide with a ratio not to exceed 8 riders to 1
2. The guides must explain elementary riding safety, including how to control a runaway horse, and also check to ensure that the rider is physically and mentally fit to ride a horse.
3. All riders must be matched to horses according to aptitude, ability, and size. No sick horses or stallions may be ridden. There will be one rider per horse. The minimum age for riders is 6 years old. Each rider must properly fit his/her saddle and his/her feet must properly fit into the stirrups. Overweight and young riders must be carefully screened by the stable manager for ability to safely ride.
4. If a rider drops anything from a horse, the guide should pick it up.
5. Experienced, gentle horses should be used. All horses must be saddled.
6. The cinches and latigos must be in excellent condition.
7. Gait should not exceed a trot.

I hereby make application to Stratus Insurance Services for the insurance described above and warrant the above representations to be true. Furthermore, I understand that if this application is accepted by Stratus Insurance Services in reliance upon the truth herein, **OPERATIONS NOT LISTED AS PART OF THE BUSINESS WILL NOT BE COVERED**. In addition, Stratus Insurance Services may elect to exclude some operations which are listed.

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

Print Insureds Name: _____

Date: ____/____/____

Insureds Signature: _____

Title: _____

Return Application:

Stratus Insurance Services, Inc.

Attn: Cameron S. Allen

260 South 2500 West, Suite 303

Pleasant Grove, UT 84062

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