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CA #0334819

# OUTFITTERS & GUIDES AND COMMERCIAL EQUINE LIABILITY INFORMATION FORM

**ALL OPERATIONS MUST BE DECLARED.**

Named Insured as it is to appear on policy: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Description of Operation/Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address(s) of Actual Operation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_ ) \_\_\_\_\_

Does Insured:  Own  Lease premises? Insured is:  Individual  Corporation  Partnership

Tax ID Number: \_\_\_\_\_

Names of All Partners or Officers of Corporation: \_\_\_\_\_

\_\_\_\_\_

Owner of Premises: \_\_\_\_\_

Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Length of time in business at this location: \_\_\_\_ years Total management experience in this type of business: \_\_\_\_ years

Associations you are a member of:  America Outdoors  AQHA  USDF  Other: \_\_\_\_\_

**LIMITS OF LIABILITY-** All limits are subject to company acceptance and approval.

**Bodily Injury and Property Damage- Combined Single Limits (CSL)- \$1,000,000 CSL**

**Deductible:**  \$0  \$500  \$1,000  \$2,500  \$5,000

**Medical Payments:**  \$1,000  \$2,500 (\$100 Deductible)

**ADDITIONAL INSUREDS** (As they are to appear on the policy)

Name	Address	Relationship to you

**PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:**

- Copies of brochures.
- Copies of Waiver/Release forms signed by all participants.
- Most current financial statement.
- Four Years loss runs including premium.

**GUIDED BOATING SUPPLEMENT-** (  CHECK IF NO EXPOSURES EXIST)

1. What rivers or lakes do you operate on? (Type is P-Paddle, O-Oar, M-Motor)

NAME/DESCRIPTION	CLASS 1-5	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List All Boats, Rafts, Canoes, Kayaks, etc. used, including length, person capacity, motor size.

(Attach a separate sheet if necessary.) \_\_\_\_\_  
 \_\_\_\_\_

3. List Name, Experience and Certification of Each Guide.

Name	Primary Guide		Experience	Basic First Aid & CPR		State Certified Guide		Advanced First Aid Training	
	Yes	No		Yes	No	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"/>

4. Do you employ anyone younger than 21 years of age?  Yes  No  
 If yes, please explain all duties. \_\_\_\_\_  
 \_\_\_\_\_

5. Attach a list of supplies and equipment used.

6. How often do guides and staff receive a review in the proper use of equipment and related safety procedures?

7. Describe regular maintenance schedule for equipment, documentation, responsibility, etc. \_\_\_\_\_  
 \_\_\_\_\_

8. Do you rent any equipment?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

9. What emergency signal devices do you carry? (Radios, Flares, etc.) \_\_\_\_\_  
 \_\_\_\_\_

10. Length of operational season: \_\_\_\_\_

**Must sign and return Guided Whitewater Rafting (and/or)  
 Guided Canoeing or Kayaking Minimum Underwriting Guidelines**

**HIKING, HUNTING, FISHING SUPPLEMENT-** (  CHECK IF NO EXPOSURES EXIST)

1. What areas do you operate in? Attach a brochure and/or describe terrain, season and activities. \_\_\_\_\_  
 \_\_\_\_\_

2. Guides (Use additional sheets as necessary.)

NAME	EXPERIENCE	MEDICAL TRAINING
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do you employ anyone younger than 18 years of age?  Yes  No  
 If yes, please explain their duties and selection. \_\_\_\_\_  
 \_\_\_\_\_

4. How often do guides and staff receive a review in the proper use of equipment and procedures? \_\_\_\_\_  
 \_\_\_\_\_

5. What emergency signal device and medical equipment do you carry? \_\_\_\_\_  
 \_\_\_\_\_

6. Do you rent any equipment from someone else for use in your operations?  Yes  No  
If yes, please explain. \_\_\_\_\_
7. Do you conduct pack trips?  Yes  No
8. List all equipment you supply for outfitting. \_\_\_\_\_
9. Do you have a regular maintenance schedule for equipment, documentation responsibilities, etc.  Yes  No
10. Do you conduct fishing trips?  Yes  No
11. Are boats used?  Yes  No Motorized?  Yes  No
12. Do you conduct hunting trips?  Yes  No
13. Is your fishing or hunting expedition ORVIS endorsed?  Yes  No
14. Is this a hunting or fishing club?  Yes  No If yes, how many members? \_\_\_\_\_

**EQUESTRIAN OPERATIONS SUPPLEMENT-  CHECK IF NO EXPOSURES EXIST**

1. Estimated maximum number of animals used on any one day: \_\_\_\_\_
2. Pony Rides:  
Number of Ponies: \_\_\_\_\_ Type of ride:  Sweep  Ring  Other: \_\_\_\_\_  
Gross receipts: \_\_\_\_\_
3. Do you have trail rides with riders using their own horse?  Yes  No Are they guided?  Yes  No  
Maximum at any one time: \_\_\_\_\_
4. Do trails cross or run along roads or highways?  Yes  No  
If yes, please describe: \_\_\_\_\_
5. Do you have guided trail rides?  Yes  No Gross Receipts: \_\_\_\_\_
6. Do you use guides or safety patrol for all riders?  Yes  No
7. Do you rent or lease horses or ponies to camps/resorts or individuals?  Yes  No  
How many rented? \_\_\_\_\_ To whom rented? \_\_\_\_\_  
Rental term: \_\_\_\_\_ Gross receipts: \_\_\_\_\_
8. Do you sell tack and/or clothing?  Yes  No  
Area used: \_\_\_\_\_ sq. ft. Gross receipts: \_\_\_\_\_
9. Do you repair riding equipment for others?  Yes  No
10. Carriage/Sleigh/Wagon:  On premises  Off Premises  
Number of Passengers: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**Must sign and return Guided Trail Ride (and/or)  
Pony Ride (and/or) Carriage/Sleigh/Wagon Ride Minimum Underwriting Guidelines**

**SALES ANALYSIS/ MISCELLANEOUS INFORMATION**

Total Receipts From all Operations	\$ _____	Picnic Grounds/Camp Grounds	\$ _____
Lodging	\$ _____	Guiding/Outfitting Fishing Trips	\$ _____
Non-motorized Boat, Raft, Canoe/Kayak Rentals	\$ _____	Guiding/Outfitting Hunting Trips	\$ _____
All Food/Beverage(excluding liquor)	\$ _____	Hiking/Backpacking/Camping	\$ _____
Liquor <small>Limited availability. K&amp;K Liquor Liability Application required.</small>	\$ _____	Demos, Clinics for Lakes or Guided Class 1,2,3 Rivers; NO use of Kayaks	\$ _____
Horse Operations <small>(Trail Rides, Pack Trips, etc.)</small>	\$ _____	Guided Class 4,5 Rivers or any use of Kayaks	\$ _____
Biking (guided)	\$ _____	Equipment Rental Receipts, All Other	\$ _____
Rock Climbing	\$ _____	Receipts From Retail Sales	\$ _____
# Ropes Course Participants	_____	Snowmobile Rentals	\$ _____
Natural History Education Tours	\$ _____		

**(Sales Analysis/ Miscellaneous Information- continued)**

**Number of each:**

Guest lodges: \_\_\_\_\_ Swimming pools: \_\_\_\_\_ Fishing ponds: \_\_\_\_\_  
 Guest cabins and/or rooms: \_\_\_\_\_ Hot tubs (saunas, etc.): \_\_\_\_\_  
 # Bicycles (Rentals): \_\_\_\_\_ # Snowmobiles: \_\_\_\_\_  
 Athletic Courts (tennis, volleyball, handball, etc.): \_\_\_\_\_  
 # Trap Skeet Ranges: \_\_\_\_\_ # Rifle/Pistol/Ranges: \_\_\_\_\_

Please answer all questions.

- |   |  |
|---|--|
| 1. Do you have cross-country skiing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have any other type of skiing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you rent skiing equipment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do guest sleeping areas have smoke alarms?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If meals are served, are appropriate food handling and sanitation procedures followed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are pool areas enclosed by a fence?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are lifesaving devices positioned by the pool?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you operate internationally?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you do overnight trips with children 18 & under?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you use sub-contractors?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**MUST BE ANSWERED IN FULL-** (Quote will not be given without this information.)

Apart from the operations mentioned on this application, are there any other operations conducted on the same premises?  Yes  No  
 Including gross receipts, please describe: \_\_\_\_\_

Previous Carrier Information: (MANDATORY)

If any losses, give approximate dates and explanation of loss: \_\_\_\_\_

COMPANY	POLICY NUMBER	PERIOD	PREMIUM	NO. OF CLAIMS	LOSSES

Were you cancelled or was insurance denied in last four years?  Yes  No  
 If yes, please explain. \_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

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

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Date (MM/DD/YY)