



# ACTIVITIES

**Show annual receipts for each activity conducted with main operation and write "N/A" for those that do not apply. If a number symbol is placed to the right of an activity, complete the required supplement indicated in the "Symbols" key.**

<u>Activity</u>	<u>Receipts</u>	<u>Activity</u>	<u>Receipts</u>
Airstrip on Premises	\$ _____	Jeep / 4 X 4 Tours	\$ _____
Archery	\$ _____	Liquor (*Liquor Liability Supplement*)	\$ _____
ATV Rides or Tours	\$ _____	Mountain Biking	\$ _____
Bike Tours / Rentals	\$ _____	Mountain Climbing	\$ _____
Boarding of guests horses*	\$ _____	Parades	\$ _____
Boat Rentals (With or Without Motors)	\$ _____	List Parades & Dates you will participate:	
Boat Tours*****	\$ _____	1. _____	
Canoeing	\$ _____	2. _____	
Cattle Drives*	\$ _____	3. _____	
Conferences / Seminars / Meetings How many annually? _____	\$ _____	4. _____	
Cross Country Skiing****	\$ _____	Pony Rides	\$ _____
Downhill Skiing	\$ _____	Rental of Saddle Animals*** (Hourly rides to general public)	\$ _____
Dude/Guest Ranch Operation* (Hotel & Horse Operation Combined )	\$ _____	Rodeos / Gymkhana*****	\$ _____
Fishing Operation Only**	\$ _____	Rock Climbing With Rope or Special Equipment	\$ _____
Float Trips / Tubing****(Class I River only)	\$ _____	Sailing	\$ _____
Golf Course	\$ _____	Scenic Plane Rides	\$ _____
Guiding / Outfitting** - NO Hunting	\$ _____	Sleigh Rides:*	\$ _____
Guided / Outfitting** - With Hunting	\$ _____	Snowmobile Tours (Guided)*****	\$ _____
Hay Rides*	\$ _____	Tobogganing	\$ _____
Horse Operation Only* (Guests do not stay on premises - No Hotel)	\$ _____	Trap, Skeet, Sporting Clays	\$ _____
Hotel Operation Only* (Guests staying on premises - No Horses)	\$ _____	Wagon Rides*	\$ _____
Hot Air Ballooning	\$ _____	Wagon Train Tours	\$ _____
Ice Fishing	\$ _____	Water Skiing	\$ _____
Ice Skating	\$ _____	Weddings How many annually? _____	\$ _____
		White Water Rafting****	\$ _____
		Wind Surfing	\$ _____
		OTHER: Please list:	\$ _____
			\$ _____
			\$ _____

  

<b><u>Symbols:</u></b>	*	Dude Ranch Supplement
	**	Outfitter & Guides Supplement
	***	Stable Owners Supplement
	****	Whitewater Rafting Supplement
	*****	Miscellaneous Supplement

# Dude Ranch Supplement

No Dude Ranch Operation

Named Insured: \_\_\_\_\_ Location: \_\_\_\_\_  
(Do not use P.O. Box - include zip code)

**Note:** Non-owned horses while in your care, custody, and control are not covered for injury/death by this policy.

## I. Horses N/A

1. Total number of horses used for: **Total Number of Horses:** \_\_\_\_\_
- |                     |         |       |                    |       |
|---------------------|---------|-------|--------------------|-------|
| # of horses         | Owned : | _____ | Leased to Insured: | _____ |
| Boarding / Breeding | Owned:  | _____ | Non-Owned:         | _____ |
| Other: _____        | Owned:  | _____ | Non-Owned:         | _____ |
- 2.
- |                              |        |       |           |              |
|------------------------------|--------|-------|-----------|--------------|
|                              | Wagons | Sleds | Carriages | Other: _____ |
| Number of:                   | _____  | _____ | _____     | _____        |
| Number of horses used:       | _____  | _____ | _____     | _____        |
| Max. Number of guests:       | _____  | _____ | _____     | _____        |
| What are the above used for: | _____  | _____ | _____     | _____        |

## II. Information on Insured's Operation

1. Dates of Dude Ranch operation: From: \_\_\_\_\_ To: \_\_\_\_\_
2. What type of ranch is this?  Dude Ranch  Working Dude Ranch  Resort Dude Ranch
3. Ratio on trail rides: Number of Guides: \_\_\_\_\_ to Guests: \_\_\_\_\_
4. Number of acres: Owned: \_\_\_\_\_ Leased: \_\_\_\_\_
5. Number of years experience in dude ranching \_\_\_\_\_. (If less than 5 years, please list experience and background)
- \_\_\_\_\_
6. What is the maximum ranch guest capacity? \_\_\_\_\_
7. Is any liquor served to guests?  Beer  Wine  Hard Liquor  Yes  No
8. Is there a bar / lounge on the premises?  Yes  No
9. Is the ranch open at any time to non guests?  Yes  No
10. Describe all activities available for non guests: \_\_\_\_\_
11. Are there any other operations conducted on this premises? (Other than previously noted)  Yes  No
- Please list: \_\_\_\_\_

## III. Additional Insureds

On your own sheet of paper, please attach a list of additional insured to be included on the policy. Include name, address and interest of additional insured.

## IV. Safety Measures

1. Do you allow guests to lease your horses?  Yes  No  
If yes, explain guidelines: \_\_\_\_\_
2. Do you allow double riding? ( 2 people on a horse at one time )  Yes  No
3. Does the ranch allow guests to bring their own horses?  Yes  No
  - (a.) If yes, does ranch offer boarding for a fee? \$ \_\_\_\_\_ Receipts  Yes  No
  - (b.) Number of horses boarded: For guests: \_\_\_\_\_ For non guests: \_\_\_\_\_
4. Is the ranch vacant or unsupervised at any time?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. List number of years and experience the head Wrangler has? \_\_\_\_\_
6. List employment qualifications for hiring a Wrangler: \_\_\_\_\_
7. Do guides have the following training:  Emergency Medical  CPR  First Aid  Medical Kits
8. Do you have any special procedures in your activities for handicapped guests?  Yes  No  
If yes, please explain: \_\_\_\_\_
9. Is a waiver signed by each participant? ( Including Parent / Legal Guardian of minor )  Yes  No  
**If yes, please attach a copy.**
10. Are signed waivers kept available on premises or archived for a minimum of 4 years?  Yes  No

## V. SALES: Horse, Food, Clothing, Tack, Feed, Horse Shoeing

1. Do you sell horses: How many per year? \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  Yes  No
2. Do you sell hay or feed? Gross Receipts \$ \_\_\_\_\_  Yes  No
3. Do you repair riding equipment or conduct horseshoeing services for other than named insured?  Yes  No  
Gross Receipts: \$ \_\_\_\_\_
4. Explain any farming operations: \_\_\_\_\_

**<<< Injury to horse not covered. >>>**

## VI. Additional Comments

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# Guides & Outfitters Supplement

[ ] No Outfitter & Guide Operation

Named Insured: \_\_\_\_\_ Location: \_\_\_\_\_  
(Do not use P.O. Box - include zip code)

## I. General Information on Operation

- Dates of operation? From: \_\_\_\_\_ To: \_\_\_\_\_
- Number of Guides: \_\_\_\_\_ to Guests: \_\_\_\_\_ Ratio: \_\_\_\_\_ Days per year for Outfitting: \_\_\_\_\_
- a. Outfitting operation consists of:  Drop Camp  Hunting  Pack Trips  Other: \_\_\_\_\_  
b. Describe Outfitting Operation: \_\_\_\_\_
- List areas you operate in and describe terrain, elevation, etc.: \_\_\_\_\_  
\_\_\_\_\_
- Number of years experience in this type of operation? \_\_\_\_\_
- Do you own or lease any other premises?  Yes  No  
If yes, any other business conducted on this premises?  Yes  No  
If yes, please list: \_\_\_\_\_

## II. Horses

- Length of trip: [ ] ½ Day Ride [ ] Full Day Ride \_\_\_\_\_ # of Days for the trip
- Number of horses: Leased: \_\_\_\_\_ Owned: \_\_\_\_\_ Used Each Day: \_\_\_\_\_ Used Each Month: \_\_\_\_\_
- Do you allow guests to lease your horses?  Yes  No  
If yes, explain guidelines: \_\_\_\_\_
- Do you allow double riding? ( 2 people on a horse at one time. )  Yes  No
- What kind of pack animals are used? \_\_\_\_\_

## III. Additional Insureds

On your own sheet of paper, please attach a list of additional insureds to be included on the policy. Include name, address and interest of additional insured.

## IV. Safety Measures

- Do guides have:  Emergency Medical Training:  CPR  First Aid Training  Medical Kits
- Are guides licensed and certified for Outfitting?  Yes  No
- Are guests allowed to go on their own - unguided?  Yes  No
- List employment qualifications and experience needed for hiring Guides (list certifications): \_\_\_\_\_

**{Outfitters & Guides Supplement Continued}**

5. Any requirements on age, health or physical ability of your guests?  Yes  No

If yes, please explain: \_\_\_\_\_

6. Footwear / apparel required by you for riders:  Heeled Shoes  Helmets  Saddle / Tack  Others: \_\_\_\_\_

7. Is a waiver signed by each participant? ( Including Parent / Legal Guardian of minor )  Yes  No

***If yes, please attach a copy.***

8. Are waivers kept available on premises or archived for a minimum of 4 years?  Yes  No

9. Describe rest stops and/or breaks: \_\_\_\_\_

10. Are unexplored trails used on trips?  Yes  No

11. Describe helicopter availability & emergency plan: \_\_\_\_\_

**V. SALES: Horse, Food, Clothing, Tack, Feed, Horse Shoeing**

1. Do you sell tack and / or clothing? Gross Receipts: \$ \_\_\_\_\_  Yes  No

2. Do you repair riding equipment or do any horseshoeing services provided for other than named insured?  Yes  No  
Gross Receipts: \$ \_\_\_\_\_

**<<< Injury to horse not covered. >>>**

**VI. Fishing Operation** [  ] N/A Gross Receipts: \$ \_\_\_\_\_

1. A. Are boats used?  Yes  No Are all boat rides guided?  Yes  No  
Number of boats available to guests: \_\_\_\_\_

B. Describe boats including type, length and H.P.: \_\_\_\_\_

C. How often are boats used by Outfitters? \_\_\_\_\_

D. Are boats available for daily rental by guests?  Yes  No

**VII. Hunting Trips** [  ] N/A Gross receipts: \$ \_\_\_\_\_

1. Please mark type of weapons allowed?  Guns  Bows / Arrows  Muzzle loading  
 Clients bring own weapons  Other: \_\_\_\_\_

**VIII. Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Miscellaneous Operations Supplement

Named Insured: \_\_\_\_\_

Location: \_\_\_\_\_  
(Do not use P.O. Box - include zip code)

## Section A Gymkana For Guests [ ] N/A

1. Please list all Gymkana activities guests participate in: \_\_\_\_\_
2. Are the guests allowed to jump on and off the horse?  Yes  No
3. Are the races head to head timed events?  Yes  No
4. Do you follow a Safety Program or set of guidelines?  Yes  No  
If yes, please attach a copy.

## Section B Cross Country Skiing [ ] N/A

1. Ratio of - Number of Guides: \_\_\_\_\_ to Number of Guests: \_\_\_\_\_ Time length of ski trips: \_\_\_\_\_
2. What are the age restrictions? \_\_\_\_\_
3. Any unguided trips?  Yes  No
4. Explain any prior experience: \_\_\_\_\_
5. How often are rest breaks taken: \_\_\_\_\_
6. What are the clothing and footwear requirements? \_\_\_\_\_
7. Number of people allowed to ski with their own equipment: \_\_\_\_\_
8. Are releases signed by guests that bring their own ski equipment?  Yes  No
9. Are waivers signed by everyone participating? ( Including Parents / Legal Guardians of minors )  Yes  No  
**If yes, please attach a copy.**
10. Is there guest check in required prior to skiing including trail plan and time?  Yes  No
11. Is Cross Country Skiing open to public?  Yes  No
12. Any overnite stays for public? ( not including weekly guests )  Yes  No
13. Is Liquor available?  Yes  No
14. Do you follow a Safety Program or set of guidelines?  Yes  No  
If yes, please attach a copy.
15. Does the ranch maintain the trails or are the guests cutting their own? \_\_\_\_\_

## Section C Boat Tour Operation (Other than fishing) [ ] N/A

1. Ratio of - Number of Guides: \_\_\_\_\_ to Number of Guests: \_\_\_\_\_ Time length of trips: \_\_\_\_\_
2. What is the purpose of the trip? \_\_\_\_\_
3. Please list any boating education courses completed? \_\_\_\_\_
4. Number of passengers allowed on each boat: \_\_\_\_\_ What are age restrictions: \_\_\_\_\_
5. Describe boats including type, length, H.P.: \_\_\_\_\_
6. Are lifejackets available for each passenger and crew member?  Yes  No
7. Describe emergency plan: \_\_\_\_\_
8. Do you follow a Safety Program or set of guidelines?  Yes  No  
If yes, please attach a copy.

**Section D Cattle Drives** [ ] N/A

- 1. Ratio of - Number of Guides: \_\_\_\_\_ to Number of Guests: \_\_\_\_\_ Time length of trips: \_\_\_\_\_
- 2. How many guests are allowed to accompany wranglers at one time? \_\_\_\_\_
- 3. Any unguided trips?  Yes  No
- 4. What are the age restrictions? \_\_\_\_\_
- 5. What activities can the guests participate in? \_\_\_\_\_
- 6. Are the guests permitted to rope or brand cattle?  Yes  No
- 7. Do you follow a Safety Program or set of guidelines?  
If yes, please attach a copy.  Yes  No

**Section E Snowmobile Tours** [ ] N/A

- 1. Ratio of - Number of Guides: \_\_\_\_\_ to Number of Guests: \_\_\_\_\_ Time length of ski trips: \_\_\_\_\_
- 2. What are the age restrictions? \_\_\_\_\_
- 3. Any unguided trips?  Yes  No
- 4. Number of Snowmobiles: \_\_\_\_\_ Ages of Snowmobiles: \_\_\_\_\_
- 5. What type of motors do the snowmobiles have? \_\_\_\_\_
- 6. Do the snowmobiles have governors?  Yes  No
- 7. Is there a groomed trail?  Yes  No
- 8. Location of Tours, Type of Terrain, Any crossing of frozen lakes? \_\_\_\_\_
- 9. Are helmets required?  Yes  No
- 10. Is there any open area riding for the guests?  Yes  No
- 11. Do you follow a Safety Program or set of guidelines?  
If yes, please attach a copy.  Yes  No

**Section F Rodeos** [ ] N/A  
**Spectator coverage only - NO coverage for participants.**

- 1. Number of rodeos insured is hosting? \_\_\_\_\_
- 2. List dates for all rodeos: \_\_\_\_\_
- 3. Maximum number of spectators that will be attending for each rodeo event: \_\_\_\_\_
- 4. Are any of the rodeos contracted?  
If yes, please list name of contractor: \_\_\_\_\_  Yes  No
- 5. List all Locations where the rodeos will be held? \_\_\_\_\_
- 6. List all types of Rodeo events that will be conducted? \_\_\_\_\_
- 7. Are guests allowed to participate in any rodeo activities?  
If yes, please list: \_\_\_\_\_  Yes  No
- 8. Are food and drinks available from the ranch?  Yes  No
- 9. Is liquor served?  Yes  No
- 10. Do you follow a Safety Program or set of guidelines?  
If yes, please attach a copy.  Yes  No

# Property Section:

# Deductible:

Location of Operation (Include City, State & Zip Code): \_\_\_\_\_

Fire District Name: \_\_\_\_\_

Miles to hydrant: \_\_\_\_\_

Miles to Fire Department: \_\_\_\_\_

Loc #	Building Name	Building Value	Year Built	Construction	Square Footage	Type of Heat	Type of Roof	Building Updates	Basic/Broad/Special		Protective Features
									Basic	Special	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extng <input type="checkbox"/> Lightning Rods Other: _____	

Loc #	Building Name	Building Value	Year Built	Construction	Square Footage	Type of Heat	Type of Roof	Basic/Broad/Special			Protective Features	
								Basic	Broad	Special		
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____
								Heating _____ Roofing _____ Wiring _____ Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms <input type="checkbox"/> Fire Exting <input type="checkbox"/> Lightning Rods <input type="checkbox"/> Other: _____

# Inland Marine Section

## Tack Machinery Computer

Item No. \_\_\_\_\_

Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Serial No. \_\_\_\_\_

Total No. \_\_\_\_\_

Total Value \$ \_\_\_\_\_

Year Built \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special

Item No. \_\_\_\_\_

Name \_\_\_\_\_

No. of Units. \_\_\_\_\_

Unit Value \$ \_\_\_\_\_

Total Value \$ \_\_\_\_\_

Serial No. \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special

Item No. \_\_\_\_\_

Name \_\_\_\_\_

Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Make \_\_\_\_\_

Serial No. \_\_\_\_\_

Total Value \$ \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special

## Hay Equipment Jewelry & Fine Arts

Total Hay Limit \$ \_\_\_\_\_

Serial No. \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special

Item No. \_\_\_\_\_

Name \_\_\_\_\_

No. of Units. \_\_\_\_\_

Unit Value \$ \_\_\_\_\_

Total Value \$ \_\_\_\_\_

Serial No. \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special

Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Value \$ \_\_\_\_\_

Serial No. \_\_\_\_\_

- Deductible  \$500  
 \$1,000  
 \$3,000  
 \$5,000  
 \$10,000

- Coverage  Basic  
 Broad  
 Special