



AMERICAN EQUITY INSURANCE COMPANY

AMERICAN EQUITY SPECIALTY INSURANCE COMPANY

GUIDES & OUTFITTERS GENERAL LIABILITY INSURANCE APPLICATION

Policy Term: _____

Agent Name: _____

1. Business Name: _____

2. Principal(s): _____

3. Mailing Address: _____

Phone Numbers: Business: _____ Fax: _____ Home: _____

4. Applicant is: Individual Partnership Corporation Other: _____

5. Years in Business: _____

6. Location of Premises: _____

Game Management Unit(s): _____

7. Provide a complete description of your operations. Include copies of all literature and advertising.

8. Individuals, Partners, Officers and Employees active in the operation. (Attach separate list if additional space is needed).

Name	License Type and Number	Years Experience	Where Experience Obtained

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

No

Details: _____

Furnish copies of licenses of all guides, including principal.

9. Guided Activities:

Activity	Number of Guides, Including Principals		
	Full Time	Part Time (1-30 Days)	Part Time (31-60 Days)
Hunting			
Fishing			
Combination Hunting & Fishing			
Cross Country Skiing			
Hiking/Backpacking/Photography			
Canoe/Kayak			
Other (Describe):			

Do you hire other guides as subcontractors? Yes No

Provide Insurance information on subcontractors: _____

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

10. 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: _____

11. 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

12. Equipment:

a. Boats, Rafts, Canoes or Kayaks. (Provide complete description).

					Circle Yes (Y) or No (N) for each category				
	Make/Model/Length	Serial Number	Passenger Capacity	Prop (P) Jet (J) HP	With Guide	Hunting	Fishing	Salt Water	Fresh Water
1.					Y or N	Y or N	Y or N	Y or N	Y or N
2.					Y or N	Y or N	Y or N	Y or N	Y or N
3.					Y or N	Y or N	Y or N	Y or N	Y or N
4.					Y or N	Y or N	Y or N	Y or N	Y or N
5.					Y or N	Y or N	Y or N	Y or N	Y or N

b. Is any of the equipment listed above covered by a separate policy? Yes No

c. How many boats are operated at one time? _____

Provide details: _____

d. Do all boatmen have Red Cross First Aid Cards? Yes No

e. White water exposure? Yes No

f. Are life jackets provided? Yes No

g. Boat, raft canoe or kayak rental? Yes No

Number available for rental: _____

h. Vehicles used by clients (Snow Machines, Mini Bikes, ATV's, Bicycles, etc.)

	Description	Serial Number	With Guide	Helmet Provided	Use of Equipment
1.			Y or N	Y or N	
2.			Y or N	Y or N	
3.			Y or N	Y or N	
4.			Y or N	Y or N	
5.			Y or N	Y or N	

i. Any other vehicles used by Guides/Staff? Yes No

If 'Yes', please explain: _____

j. Miscellaneous (Provide number and use of each of the following):

(i) Saddle Animals: _____

(ii) Pack Animals: _____

(iii) Dog Sleds: _____

(iv) Sled Dogs: _____

13. Prior Insurance Carrier information and Loss History

Enter complete prior carrier information for the preceding 3 years:

	Year:	Year:	Year:
Carrier Name			
Policy Number			
Coverage			
Limits			
Premium			

Enter all claims or occurrences that may give rise to claims for the prior 5 years:

Check here if none. Attached is a current dated loss summary.

Date of Occurrence	Line	Complete details of occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

Has insurance of this type been canceled, refused or non-renewed by any company in the past three years? Yes No

If 'Yes', give details: _____

14. Limits of Liability requested (Higher limits are available on request):

- \$ 300,000 Occurrence / \$ 600,000 Aggregate / \$50,000 Fire Legal Liability/ \$1,000 Medical Expense
- \$ 500,000 Occurrence / \$1,000,000 Aggregate / \$50,000 Fire Legal Liability/ \$1,000 Medical Expense
- \$1,000,000 Occurrence / \$2,000,000 Aggregate / \$50,000 Fire Legal Liability/ \$1,000 Medical Expense

15. Certificate Holder(s) (Include mailing address and special provisions):

Additional Insured

Additional Insured

Additional Insured

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 for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become a part of any policy issued.

Signed: _____
(Applicant's Signature and Title)

Date: _____

(Producer's Signature)

Date: _____