



Granite Insurance Services, Inc.

12000 n. Washington Street Suite 380 Thornton, CO 80241

Phone 720-872-6406 or 800-522-3842

Fax 720-872-6405 or 888-460-0190

GUIDE, OUTFITTER OR PACKER APPLICATION

Business Name _____

Applicant's Name _____

Principal Contact _____ Telephone _____

Mailing Address _____

Location of Operation(s) _____

() Individual

() Partnership

() Corporation

Years In Business _____

Years of Related Experience _____

Record of Insurance For the Past 3 Years

Insurance Carrier	Policy Period	Limits of Liability	Premium

Requested effective date of coverage _____

Limit of Liability _____ Deductible _____

Description of operations _____

(Attach any brochures or other advertising materials used)

Fill in all operations applicable:

	#Of Guest Days	Gross Receipts
<input type="checkbox"/> Guided hunting/fishing (no horses, boats, or ATVs)	_____	_____
<input type="checkbox"/> Guided hunting/fishing (with pack animals, boats, or dropcamps)	_____	_____
<input type="checkbox"/> Guided hunting/fishing (with saddle animals or ATVs)	_____	_____
<input type="checkbox"/> Trespass fee hunting	_____	_____
<input type="checkbox"/> Guided cross country skiing	_____	_____
<input type="checkbox"/> Guided bike, hiking, photography tours	_____	_____
<input type="checkbox"/> Guided mountaineering, dog sledding	_____	_____
<input type="checkbox"/> Guided snowmobiling	_____	_____
<input type="checkbox"/> Guided trail rides	_____	_____
<input type="checkbox"/> Recreational clubs	_____	_____
<input type="checkbox"/> Indoor climbing walls	_____	_____
<input type="checkbox"/> Team pennings/ropings	_____	_____

Total Operational Income _____

It is a condition of coverage that all participants sign an acceptable waiver/release form. A copy of this form must be submitted with the application. Coverage cannot be bound until this condition is met.

Applicants Initials _____ Date _____

List all guides under the age of 21 _____
 Number of saddle animals or ATV's used in any one trip _____
 Total number of horses owned and leased _____
 How old is the youngest rider you will allow on a horse? ____ years old.
 Do you offer the use of helmets? () Yes () No
 Do you ever allow a parent and child to ride double? () Yes () No
 What is the ratio of guides to participants? _____
 Is at least one guide on any trip first aid or EMT certified? () Yes () No

Are ATV's used? () Yes () No How many? _____

It is a condition of the policy that the minimum age of any operator of an all-terrain vehicle (ATV) shall not be less than sixteen (16) years of age, or the minimum age specified in writing by the manufacturer, whichever is greater.

Operation of any ATV by an underage operator voids all coverage under your policy in respect to said operator and any loss, claim, or defense costs related thereto.

I have read and agree to this coverage restriction

Insured's initials _____ **Date** _____

A signed endorsement will become a part of this policy.

Guest Ranches:

Lodging	Units: _____	Receipts _____
Restaurant		Receipts _____
Snack Bar		Receipts _____

Are restaurant and lodging receipts included in the operation section () Yes () No

Water facilities: (Advise the number of each)

- Pool _____
- Hot tub/spa _____
- Lake _____

Has insurance ever been voluntarily surrendered by business/owner(s), partners or principal shareholders or have licenses been refused, suspended, or revoked? () Yes () No

If yes, fully explain: _____

Loss history:

Have there been any losses within the last 3 years? () Yes () No

If yes, please attach a separate page detailing all claims and incidences reported.

Certificates of insurance and additional insureds. List each, including mailing address and their interest.

1. _____ certificate
 _____ additional insured Interest: _____
2. _____ certificate
 _____ additional insured Interest: _____
3. _____ certificate
 _____ additional insured Interest: _____

(Please attach separate page if needed)

Water facilities: (Advise the number of each)

- Pool _____
- Hot tub/spa _____
- Lake _____

Has insurance ever been voluntarily surrendered by business owner(s), partners or principal shareholders or have licenses been refused, suspended, or revoked? ()Yes ()No

If yes, fully explain: _____

I hereby make application for insurance described above and warrant the above representations to be true. I understand that if this application is accepted in reliance upon the truth herein, operations not listed as part of the business will not be covered. I further understand the company may elect to exclude some operations which are listed.

Applicant's Signature _____ Date _____

Applicants Typed _____ Applicant's Title _____
or printed name

Agent's Signature _____ Date _____

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.