



Veracity Insurance Solutions, LLC

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

Number of Years in business? _____ yrs. Total number of years' experience in this type of business? _____ yrs.

-II- Insurance Coverage

Proposed Effective Date: ____/____/____ Liability Limits: \$1,000,000/\$2,000,000

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: _____

Do participants sign Waiver and Release of Liability form(s)? Y N

Was waiver and release form created and/or reviewed by an attorney familiar with local laws? Y N

How often do they have additional risk training/re-certification? _____

Do you maintain a log of your guides' trainings? Y N

If so, How long do you maintain records? _____

Do you have a policy and procedures manual for all employees? Y N

Do you have an Employee Handbook? Y N

Please provide the following information on your guides:

Name	Age	Years Experience	Red Cross First Responder Certified or EMT
			<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		
Guided ATV and UTV		
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.): _____

Do you use communication devices on all tours (Ex. Cell phone, two-way radio, etc..)? Yes No

If so, what type of device? _____

Provide a description of all operations not included above: _____

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

Submission Requirements:

1. Complete, signed, and dated Program Application
2. Prior Carrier Loss Runs – 5 Year Currently valued, if applicable.
3. Applicant's website address and/or business brochures
4. Provide proof of guides' Red Cross First Responder Certifications or EMT Certifications
5. Provide a copy of the waiver and release of liability form

I hereby make application to Veracity Insurance Solutions; LLC for the insurance described above and warrant the above representations to be true. Furthermore, I understand that if this application is accepted by Veracity Insurance Solutions, LLC in reliance upon the truth herein, **OPERATIONS NOT LISTED AS PART OF THE BUSINESS WILL NOT BE COVERED**. In addition, Veracity Insurance Solutions, LLC 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:

Veracity Insurance Solutions, LLC

Attn: Cameron S. Allen

260 South 2500 West, Suite 303

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