

# GUIDED RECREATION PROGRAM APPLICATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
|--|---|--------------------------|---------|--|-------------|--------------------------|--|--------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Named Insured as it is to appear on the policy:  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| DBA:   |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| FEIN/SS:   | Corporation   | <input type="checkbox"/> | LLC     | <input type="checkbox"/>                               | Partnership | <input type="checkbox"/> | LLP  | <input type="checkbox"/> | Individual | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |                          |
| Mailing Address:   |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Inspection Contact Name  |   |                          |         |  |             |                          |  |                          |            |                          | Phone Number:            |                          |                          |
| Website Address:   |   |                          |         |  |             |                          |  |                          |            |                          | E-Mail Address           |                          |                          |
| Business Address:  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Description of Operations:   |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance? |   |                          |         |  |             |                          |  |                          |            | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| If "yes", please describe:   |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Effective Date:  |   |                          |         | Expiration Date:                                       |             |                          |  | Operating Season:        |            |                          |                          |                          |                          |
| Length of time In Business:  |   |                          |         | Total Management Experience in this type of Operation: |             |                          |  |                          |            |                          |                          |                          |                          |
| <b>*** If a new Venture or Operation, please attach a Resume or a Summary or Qualifications ***</b>            |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Limits of Liability Required:  | Per Occurrence:   |                          |         | Aggregate:   |             |                          |  |                          |            |                          |                          |                          |                          |
| Deductible per Claim:  | \$500   | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/>                               | \$2,500     | <input type="checkbox"/> | \$5,000                                      | <input type="checkbox"/> |            |                          |                          |                          |                          |
| Additional Insured (As they are to appear on the Policy):  |   |                          |         |  |             |                          | Check Here if None: <input type="checkbox"/> |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Name   |   | Address                  |         |  |             | Relationship to you      |  |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
|  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Has Your Insurance Ever Been Cancelled or Non-Renewed?   |   |                          | Yes     | <input type="checkbox"/>                               | No          | <input type="checkbox"/> |  |                          |            |                          |                          |                          |                          |
| If Yes - Please explain:   |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| Submission requirements for all Operations:  |   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| <input type="checkbox"/>   | Copies of Brochures.  |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| <input type="checkbox"/>   | Copy of the Waiver/Release forms signed by all participants that includes the State's Equine Statute / Law.                           |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| <input type="checkbox"/>   | Copy of your Boarding / Stall Agreement for Boarding Operations <b>(Mandatory to Quote Coverage)</b>                                  |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| <input type="checkbox"/>   | Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members   |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |
| <input type="checkbox"/>   | Three Years of Loss Runs from Prior Carriers <b>or</b> A signed letter from the Named Insured stating "No known claims or Incidents". |                          |         |  |             |                          |  |                          |            |                          |                          |                          |                          |

**Producing Agent Information**

|               |         |                  |
|---------------|---------|------------------|
| Name of Agent | Address | Telephone Number |
|               |         |                  |

**PRIOR CARRIER INFORMATION**

| NAME OF COMPANY | POLICY DATES | PREMIUM | LOSSES |
|-----------------|--------------|---------|--------|
|                 |              |         |        |
|                 |              |         |        |
|                 |              |         |        |

**REVENUE BREAKDOWN FOR ALL ACTIVITIES**

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ \_\_\_\_\_

ALL OPERATIONS MUST BE DECALRED - ONLY GUIDED ACTIVITIES ARE ELIGIBLE FOR THIS INSURANCE

| GUIDED ACTIVITIES COVERED             | # GUIDES | GROSS REVENUES        | No Exposure |
|---------------------------------------|----------|-----------------------|-------------|
| CAMPING                               |          |                       |             |
| CANOE & KAYAK TRIPS                   |          |                       |             |
| CROSS COUNTRY SKIING                  |          |                       |             |
| DOG SLED TRIPS                        |          |                       |             |
| DOWNHILL SKIING / SNOWCAT OPERATIONS  |          |                       |             |
| FISHING                               |          |                       |             |
| HIKING / BACKPACKING                  |          |                       |             |
| HUNTING                               |          |                       |             |
| JEEP TOURS                            |          |                       |             |
| MOUNTAIN BICYCLE TRIPS                |          |                       |             |
| MOUNTAINEERING                        |          |                       |             |
| ROCK CLIMBING                         |          |                       |             |
| ROPES / CHALLENGE COURSE FACILITATION |          |                       |             |
| SNOWMOBILES                           |          |                       |             |
| SNOWSHOEING                           |          |                       |             |
| WHITEWATER EXPEDITIONS                |          |                       |             |
| GUIDED OTHER:                         |          |                       |             |
| GUIDED OTHER:                         |          |                       |             |
| GUIDED OTHER:                         |          |                       |             |
| GUIDED OTHER:                         |          |                       |             |
| GUIDED OTHER:                         |          |                       |             |
| <b>INCIDENTAL OPERATIONS</b>          |          | <b>GROSS REVENUES</b> |             |
| CABINS / CAMPING / LODGING / RV       |          |                       |             |
| CONCESSIONS                           |          |                       |             |
| RETAIL SALES OF MERCHANDISE           |          |                       |             |
| RESTAURANT                            |          |                       |             |
| OTHER:                                |          |                       |             |
| OTHER:                                |          |                       |             |
| OTHER:                                |          |                       |             |
| OTHER:                                |          |                       |             |

**GENERAL OPERATIONS INFORMATION**

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? \_\_ Yes \_\_ No
2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? \_\_ Yes \_\_ No
3. Are any operations conducted outside the United States? \_\_ Yes \_\_ No  
 If "yes": What % of receipts related to International operations \_\_\_\_\_ %  
 Do you require Travel Medical/Accident Coverage be purchased? \_\_ Yes \_\_ No  
 If "no": Do you require participants to confirm that their health insurance carrier covers them internationally? \_\_ Yes \_\_ No
4. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? \_\_ Yes \_\_ No
5. Do you hire Concessionaires, Independent Contractors or Subcontractors? \_\_ Yes \_\_ No  
 If "yes": For what Activities - Duties? \_\_\_\_\_  
 If "yes": Do you obtain Proof of Insurance with AI status from them? \_\_ Yes \_\_ No
6. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? \_\_ Yes \_\_ No  
 If "yes": Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? \_\_ Yes \_\_ No
7. Do you provide Staff Housing? \_\_ Yes \_\_ No  
 If "yes" please provide details \_\_\_\_\_
8. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? \_\_ Yes \_\_ No
9. Do you conduct any non-guided activities? \_\_ Yes \_\_ No  
 If yes, describe in detail: \_\_\_\_\_
10. Do you have a formal written PROCEDURE & TRAINING manual for your operations? \_\_ Yes \_\_ No

**GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED**

| AGE | FULL NAME | YRS OF EXPER. | 1ST AID & CPR ? | OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE |
|-----|-----------|---------------|-----------------|--|
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |
|     |           |               |                 |  |

**WATERCRAFT DESCRIPTIONS AND RIVER CLASSIFICATIONS FOR ALL RISKS – USE A SEPARATE SHEET IF NEEDED**

| # Of CRAFT | LENGTH, MAKE AND MODEL OF WATERCRAFT | ENGINE HP | # OF PASS. | CLASS OF RIVERS OPERATED ON (1-5) or FLATWATER<br>NAME OF LAKE IF APPLICABLE |
|------------|--------------------------------------|-----------|------------|--|
|            |                                      |           |            |  |
|            |                                      |           |            |  |
|            |                                      |           |            |  |
|            |                                      |           |            |  |
|            |                                      |           |            |  |

IF YOU DO NOT CONDUCT AN ACTIVITY LISTED - PLEASE CHECK OFF THE "NO EXPOSURE" BOX

**GUIDED CANOE, KAYAK AND FISHING TRIPS**

NO EXPOSURE

1. Do you provide any fishing equipment to your clients? \_\_ Yes \_\_ No  
If "yes" please describe: \_\_\_\_\_
2. Do you require all participants to wear a Coast Guard Approved Life Jacket? \_\_ Yes \_\_ No  
If "No" Please Advise Why: \_\_\_\_\_
3. Do your operations include formal Training classes for Paddling or Fishing? \_\_ Yes \_\_ No
4. What is the Minimum Age for Participation? \_\_\_\_\_ What is the Guide to Client Ratio? \_\_\_\_\_
5. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**GUIDED WHITE WATER**

NO EXPOSURE

1. Are the rivers operated on "Dam Release" Rivers? \_\_ Yes \_\_ No  
If "yes", do you receive a schedule of releases and have procedures in place for client safety during a release? \_\_ Yes \_\_ No  
PLEASE DESCRIBE \_\_\_\_\_
2. What is the minimum age for participation? \_\_\_\_\_ What's your Guide to Client Ratio? \_\_\_\_\_
3. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**GUIDED HIKING, BACKPACKING, BICYCLING, JEEP TOURS**

NO EXPOSURE

1. Are designated and marked Trails used for hiking, backpacking, bicycling & jeep tours? \_\_ Yes \_\_ No
2. Is there overnight camping? \_\_ Yes \_\_ No  
If "yes" describe camping: (Campground? In the Wilderness? In the Jeep?) \_\_\_\_\_
3. Jeep Tours: Do you confirm that all vehicles are insured per the state statutory requirements? \_\_ Yes \_\_ No
4. Do the Jeep Tours include any type of "Vehicle Crawling" \_\_ Yes \_\_ No
5. Do you require all Bicyclists to wear helmets for protection? \_\_ Yes \_\_ No
6. What is the minimum Age for participation? \_\_\_\_\_ What is your Guide to Client Ratio? \_\_\_\_\_
7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**ROPES / CHALLENGE COURSE FACILITATION**

NO EXPOSURE

1. Do you own the Course? \_\_ Yes \_\_ No If "yes" - Who is the builder and when was it built: \_\_\_\_\_
2. If you rent a course from others - Do you perform a pre-inspection to ensure the course is safe & in good repair? \_\_ Yes \_\_ No
3. Do you have your Ropes Course Inspected Annually and all deficiencies repaired and documented? \_\_ Yes \_\_ No  
\*PLEASE ATTACH A COPY OF THE LATEST INSPECTION REPORT & CONFIRMATION THAT RECOMMENDATIONS HAVE BEEN FOLLOWED
4. Is the course built to ACCT or PRCA Standards? \_\_ Yes \_\_ No
5. What is the minimum age for participation? \_\_\_\_\_ What is the Guide to Client Ratio? \_\_\_\_\_ Are weight restrictions imposed? \_\_\_\_\_
6. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**GUIDED HUNTING** NO EXPOSURE

1. Do you operate Drop Camps? \_\_ Yes \_\_ No  
 If "yes", what is the percentage of receipts from the drop camps? \_\_\_\_\_
2. Do your hunts include overnight camping or lodging? \_\_ Yes \_\_ No
3. Type of Game being hunted: \_\_\_\_\_
4. Type of Hunting: Muzzle \_\_ Rifle \_\_ Bow \_\_ Pistol \_\_
5. Do you provide firearms to your clients? \_\_ Yes \_\_ No
6. Do you provide re-loads? \_\_ Yes \_\_ No
7. Are tree stands used? \_\_ Yes \_\_ No  
 If "yes", are safety harnesses used? \_\_ Yes \_\_ No
8. Are the stands inspected before every hunt? \_\_ Yes \_\_ No
9. Do you use any of the following to transport hunters or as pack animals/vehicles \_\_ Yes \_\_ No  
 If "yes", please indicate how many: \_\_\_\_\_ ATV's \_\_\_\_\_ Snowmobiles \_\_\_\_\_ Boats \_\_\_\_\_ Horses / Mules / Donkeys
10. Do you allow hunters and participants to drive the motorized vehicles? \_\_ Yes \_\_ No
11. Are Helmets required for Snowmobiles and ATVs? \_\_ Yes \_\_ No
12. What is the minimum age allowed to hunt or accompany a hunt? \_\_\_\_\_ What is your Guide to Client Ratio? \_\_\_\_\_
13. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**GUIDED MOUNTAINEERING, ROCK CLIMBING, AVALANCHE AWARENESS** NO EXPOSURE

1. Name of the areas you conduct the majority of your operations: \_\_\_\_\_
2. Indicate the type of Mountaineering you conduct in your operations:  
Bouldering  Top Rope Climbing  Lead Rope Climbing  Ski Mountaineering  Outdoor Climbing (rock/ice)  Multi-Pitch  
 Canyoneering  Avalanche Awareness  Rapelling  Other: \_\_\_\_\_
3. Do you provide Instruction including Classroom for any of the activities you conduct? \_\_ Yes \_\_ No
4. Do you include any S.O.L.O. Programs in your activities? \_\_ Yes \_\_ No  
 If "yes", do you check weather conditions and brush fire / drought conditions prior to conducting the program? \_\_ Yes \_\_ No
5. What is the minimum age for participation? \_\_\_\_\_ What is the Guide to Client Ratio? \_\_\_\_\_
6. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No
7. Provide a Copy of your Written Safety & Procedure Manual that includes Inclement Weather Procedures, Emergency Rescue Procedures and Summary of Activities / Operations / Terrain Activities are conducted on.

1. Name the area where your operations occur: \_\_\_\_\_
2. Do you provide night skiing / activities? \_\_ Yes \_\_ No
3. Are any ski lifts used in this operation? \_\_ Yes \_\_ No
4. Do you provide Equipment Rentals? \_\_ Yes \_\_ No  
If "yes" please see the separate supplement that must be completed.
5. Do you operate a Ski School? \_\_ Yes \_\_ No
6. Do you only guide in areas that are not Avalanche Areas? \_\_ Yes \_\_ No
7. What is the minimum age for participation? \_\_\_\_\_. What is the Guide to Client Ratio? \_\_\_\_\_
8. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

Snowmobiles:

1. Name the areas where your operations occur: \_\_\_\_\_
2. What is the highest cc machine you allow a client to drive? \_\_\_\_\_
3. Do you provide and/or require helmets for all snowmobile participants? \_\_ Yes \_\_ No
4. Do you conduct any night tours? \_\_ Yes \_\_ No  
If yes, are the trails mapped, marked and familiar to you and the guides? \_\_ Yes \_\_ No
5. Do you cross over any public roads? \_\_ Yes \_\_ No
6. Do you participate or volunteer for any Search and Rescue operations? \_\_ Yes \_\_ No
7. What is your Guide to Client Ratio? \_\_\_\_\_
8. What is the minimum age for participation? \_\_\_\_\_
9. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

Dog Sleds:

1. Name the areas where your operations occur: \_\_\_\_\_
2. Capacity of the largest dog sled: \_\_\_\_\_
3. Do you conduct any tours at night? \_\_ Yes \_\_ No
4. Do you cross over any public roads? \_\_ Yes \_\_ No
5. Do you cross over any frozen lakes or rivers? \_\_ Yes \_\_ No If yes, do you pre-inspect to ensure the ice safe? \_\_ Yes \_\_ No
6. What is the minimum age for participation? \_\_\_\_\_
7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? \_\_ Yes \_\_ No

**CAMPING / CABINS / LODGING / SWIMMING** NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: \_\_\_\_\_
2. Total Number of RV Spaces Available: \_\_\_\_\_ Describe Any Utility Hookups \_\_\_\_\_
3. Total Number of Cabins Available: \_\_\_\_\_ If Lodge – Number of Units: \_\_\_\_\_ Date Built: \_\_\_\_\_ Construction: \_\_\_\_\_
4. Do All Cabins / Lodge Units Have Smoke Alarms? \_\_ Yes \_\_ No
5. Are Individuals allowed to cook within the cabins? \_\_ Yes \_\_ No
6. Is there a Swimming Pool or Swimming Area Available for Use? \_\_ Yes \_\_ No  
If "yes" – is there a Diving Board or Slide? \_\_ Yes \_\_ No
7. Are all Local and State Rules & Regulations regarding Signage Complied with? \_\_ Yes \_\_ No
8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? \_\_ Yes \_\_ No
9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? \_\_ Yes \_\_ No
10. Have you even received a citation or warning with respects to the pool/spa from State or Local Authorities? \_\_ Yes \_\_ No  
If yes, describe the citation and how the citation was remedied: \_\_\_\_\_

**CONCESSIONS / RESTAURANT** NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? \_\_ Yes \_\_ No  
If "no", please describe the Fire Protection present: \_\_\_\_\_
2. How often are the filters and hoods cleaned? \_\_\_\_\_ By Whom? \_\_\_\_\_
3. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? \_\_ Yes \_\_ No  
If "no", please describe why: \_\_\_\_\_
4. Have you ever been cited for a health violation? \_\_ Yes \_\_ No  
If "yes" – describe citation and how remedied: \_\_\_\_\_

**RETAIL SALES OF MERCHANDISE AND SOUVENIRS** NO EXPOSURE

1. Do you repair or sell used equipment? \_\_ Yes \_\_ No  
If "yes" – do you have a warranty or guarantee or return policy that you provide? If Yes – Attach a Copy, \_\_ Yes \_\_ No
2. List any items you sell that are used / second hand: \_\_\_\_\_
3. Do you sell any of the following items?  
\_\_ Ammunition \_\_ Arrows \_\_ Black Powder \_\_ Bows \_\_ Firearms \_\_ Inflated Amusements \_\_ Knives \_\_ Reloads \_\_ Liquor\*

\*PLEASE NOTE THAT LIQUOR LIABILITY IS A REFERRAL TO THE CARRIER AND A SEPARATE  
SUPPLEMENTAL APPLICATION MUST BE COMPLETED.

**GUIDED ACTIVITIES - MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY**

**BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE**

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

\*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\*

| No. | Initials | Requirements   |
|-----|----------|--|
| 1.  |          | A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.  |
| 2.  |          | A Waiver and release of liability approved by us, recognizing the dangers of the activities will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years. |
| 3.  |          | Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.   |
| 4.  |          | All applicable State and Federal safety standards for the operations are to be followed at all times during activities. Each participant will wear applicable safety equipment.  |
| 5.  |          | The Primary /Lead Guide on the trip must be at least 21 years of age and have two years of guiding experience in the activity covered under this insurance and/or follow their State or Federal Qualification requirements.  |
| 6.  |          | You shall have a minimum of one First Aid & CPR Certified (current) or First Responder trained person on each trip.  |
| 7.  |          | You shall inspect all equipment / vehicles/ units / watercraft daily prior to the commencement of activities and make repairs where necessary to ensure your patron's safety. You will maintain and keep a written log of these inspections and repairs.   |
| 8.  |          | You will have on each guided trip some form of emergency communication such as cell phone, radio or walkie talkies or other reliable communications capable of summoning assistance from remote locations such as a special whistle / sounding device  |
| 9.  |          | Each Expedition or Trip shall have available a suitable, updated and adequately stocked first aid kit.   |
| 10. |          | Records of each "Guided Activity" with times and dates must be maintained along with the waivers and including, incident / injury reports for a minimum of 3 years.  |
| 11. |          | All incidents regardless of severity will be reported to the company immediately.  |
| 12. |          | You shall have an emergency evacuation plan in the event of inclement weather.   |
| 13. |          | You shall have an emergency procedure in place for lost or late returning tours and trips.   |
| 14. |          | You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the expected weather conditions.  |
| 15. |          | Employees must be properly trained and experienced in the operations; on all activities and agree to enforce all eligibility requirements.   |

| No. | Initials | Requirements   |
|-----|----------|--|
| 16. |          | An industry accepted climbing helmet and safety equipment must be worn by all climbers. <b>GUIDED MOUNTAINEERING</b>   |
| 17. |          | All technical climbing equipment must be manufactured to standards similar to those established by the Union Internationale Des Associations d 'Alpinisme (IUAA). All other equipment must be purchased from a vendor that has significant knowledge of climbing equipment manufacturers. <b>GUIDED MOUNTAINEERING</b> |
| 18. |          | Guide to customer ratio shall not exceed (1) Guide to (6) customers. <b>GUIDED MOUNTAINEERING</b>  |
| 19. |          | Climbers must be at least 8 years of age on their last birthday or have reached the age as Designated by law, whichever is greater - Climbers under 18 must have a parent with them OR a properly signed waiver. <b>GUIDED MOUNTAINEERING</b>  |

**INSURABILITY REQUIREMENTS CONTINUED ON NEXT PAGE**



| No. | Initials | Requirements  |
|-----|----------|---|
| 20. |          | The covered units are subject to the maximum manufacturer passenger capacity. <b>GUIDED SNOWMOBILE &amp; DOGSLED</b>  |
| 21. |          | Motorized units may not be rented to any person under the age of 18 years on their last birthday, or the age as designated by law, whichever is greater. This age can be reduced to 16 or 17 where permitted by applicable law and a parent is present and signs a waiver. <b>GUIDED SNOWMOBILE &amp; DOGSLED</b> |
| 22. |          | Under no circumstances will you conduct or permit any form of contest or racing event. <b>GUIDED SNOWMOBILE &amp; DOGSLED</b>   |

| No. | Initials | Requirements  |
|-----|----------|---|
| 23. |          | Participants shall be fitted with an approved United States Coast Guard personal flotation device, which must be securely fastened and worn by all customers on the raft at all times. <b>GUIDED WATER ACTIVITIES</b>                     |
| 24. |          | Class IV and V water Participants shall be <b>required</b> to wear an industry approved safety helmet. <b>GUIDED WATER ACTIVITIES</b>   |
| 25. |          | Industry approved Safety helmets must be offered to all participants on all other classes of water. If accepted – they must be fastened and worn prior to commencing the trip. <b>GUIDED WATER ACTIVITIES</b>                             |
| 26. |          | Participants for class IV and V water must be at least 16 years of age on their last birthday or the minimum age as designated by law, whichever is greater, and a Parent is present and signs the waiver. <b>GUIDED WATER ACTIVITIES</b> |
| 27. |          | One buoyant heaving line at least 3/8 inch in diameter and 50 feet in length, carried in a bright coloured rescue bag, will be on board each multiple passenger raft at all times.. <b>GUIDED WATER ACTIVITIES</b>                        |
| 28. |          | Guide to customer ratios will not exceed one (1) guide to ten (10) customers. <b>GUIDED WATER ACTIVITIES</b>  |
| 29. |          | All Watercraft are subject to the maximum passenger capacity as designated by the manufacturer, which maximum number of passengers shall be adhered to. <b>GUIDED WATER ACTIVITIES</b>  |

| IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL |                           |
|---|---------------------------|
| No.   | Explanation and Comments: |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |

I understand that R.B. Jones Insurance for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

**By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.**

\_\_\_\_\_  
 APPLICANT'S SIGNATURE & TITLE

\_\_\_\_\_  
 PRINTED NAME & TITLE

\_\_\_\_\_  
 DATE

## R. B. JONES AND UNDERWRITERS ANTI-FRAUD STATEMENT

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) R.B. Jones and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**The undersigned acknowledges having read this Anti-Fraud Statement.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_