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 CONCERING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

PERSONNEL ROSTER

Company Name: _____

Date: _____

Name	Age	Years Experience	Key Personnel	Trip Leader	A	B	C	D	E	F	G	H

Check all boxes that apply using the chart below. Make duplicates or request more forms if needed. Key Personnel must submit resumes.

A	Swift water rescue training (please document type of course)	E	Wilderness First Responder
B	CPR	F	Wilderness First Aid
C	Standard First Aid (Basic)	G	EMT
D	American Red Cross Emergency	H	Wilderness EMT

P.O. Box 469 • Sandy, UT 84091-0469
Phone 1-800-321-1493 • Fax 1-800-666-9011 • E-Mail: woga@insureguides.com
Web Site: www.insureguides.com