



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 INSURANCE ACT, WHICH IS A CRIME.

## BUSINESS AUTOMOBILE DISCOVERY QUESTIONNAIRE

**THIS IS FOR QUOTATION PURPOSES ONLY – THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

Note: The Association is only offering automobile coverage to those members who purchase their business liability insurance through the Association's Master Group General Liability Program.

### General Information

1. Applicant (as it would appear on the coverage contract): \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
5. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Web Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Is this a new business?  Yes  No If now, how many years have you been in business? \_\_\_\_\_
8. Insured is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
9. Length of season: \_\_\_\_\_

### Insurance History

10. Who was your last or is your current insurance carrier? \_\_\_\_\_
11. What is or was your annual premium? \_\_\_\_\_
12. Describe your claims and loss history: \_\_\_\_\_  
 \_\_\_\_\_

### Limits of Liability Coverage Desired

13. Bodily Injury and Property Damage Liability Limits Requested: (per person/policy aggregate/property damage)

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

14. Self-Insured Retention Property Damage Liability Available:  \$1,500  \$2,500  \$5,000

Other: \_\_\_\_\_

15. Association Commercial Liability Policy Current Member Master Policy #: \_\_\_\_\_

Member Certificate #: \_\_\_\_\_

Note: The Association only offers Automobile Coverage to those members who also purchase their business liability insurance through the Association.

Please complete the information only as it pertains to the business vehicles and equipment associated with your operation.

1. Please describe all vehicles and equipment to be scheduled and insured for liability on the enclosed separate vehicle schedule. Only vehicles scheduled and driven by Named Insured operators for business use will be provided coverage.
2. Are all vehicles and equipment solely owned by and registered to the member?  Yes  No
3. Do any of the employees use their own autos in the business?  Yes  No
4. Is there a vehicle and equipment maintenance program in operation?  Yes  No
5. Any vehicles or equipment leased to others?  Yes  No
6. Any vehicles or equipment customized, altered, or have special equipment?  Yes  No
7. Does member obtain motor vehicle report verifications on all drivers?  Yes  No
8. Does member have a specific driver recruiting program?  Yes  No
9. Please provide complete drivers information with full name, date of birth, and driver's license number with state of issue on the enclosed driver information form. Use separate form for each driver to be insured while driving scheduled vehicles or equipment used for business use. No personal use of insured vehicles or equipment will be provided. Non-business use of insured vehicles will be specifically excluded from the coverage contract issued to the member.
10. Are any CC, PUG, or other certificate filings required?  Yes  No

If yes, please provide names and addresses; use separate sheet if necessary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

11. Are all vehicles returned and garaged at the business each night?  Yes  No

If no, list which vehicle is not. State purpose of use if not returned and garaged at business location: \_\_\_\_\_  
\_\_\_\_\_

12. Does member own or operate any busses, vehicles, or equipment not listed on schedule?

Yes  No

13. Does member rent or lease vehicles or equipment to others?  Yes  No

14. If you answered "yes" to any of the questions 3-14, please explain by number (use a separate sheet if necessary):

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15. How many days a week is each vehicle or equipment listed on schedule used? Show by vehicle insured:  
#1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_ #4 \_\_\_\_ #5 \_\_\_\_ #6 \_\_\_\_ #7 \_\_\_\_

16. How many trips each day are vehicles driven? Show by vehicle insured:  
#1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_ #4 \_\_\_\_ #5 \_\_\_\_ #6 \_\_\_\_ #7 \_\_\_\_

17. Months during year which vehicles are used from: \_\_\_\_\_ to: \_\_\_\_\_

18. Maximum distance traveled one way by each vehicle? Show by vehicle insured on schedule:  
#1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_ #4 \_\_\_\_ #5 \_\_\_\_ #6 \_\_\_\_ #7 \_\_\_\_

19. Maximum radius of operations of each insured vehicle? Show by vehicle insured on schedule:  
#1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_ #4 \_\_\_\_ #5 \_\_\_\_ #6 \_\_\_\_ #7 \_\_\_\_

20. The Named Operator information forms, both Master Driver List and Individual Named Operators Questionnaire, must be completed prior to issuing coverage.

### REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of a Discovery Questionnaire or the payment of any premium does not obligate the Association or any Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Worldwide Outfitter and Guides Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed

by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name



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### COMMERCIAL AUTOMOBILE VEHICLE AND EQUIPMENT SCHEDULE

Participant Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Master Coverage Contract Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

**NOTE:** Only equipment listed and scheduled will be provided coverage under any Coverage Contract issued to a Participating Member by the Association and its Insurer. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the Coverage Contract issued to the Participant Member.

**NOTE:** The Applicant understands that the Purchasing Group Association has directly negotiated an insurance program with an Insurer to which the Applicant will become an Additional Named Insured in a Master Group Liability Insurance Policy issued to the Named Insured Association. In exchange for a reduced coverage charge, the Purchasing Group Association has freely negotiated a non-adhesive Automobile Liability Coverage Contract, with limited and restricted coverage, to be issued to the Named Insured Association. Coverage offered is limited to specified scheduled named driver coverage and is restricted to business use only. Accidents while the insured vehicle is being used for personal use, including driving to and from work, are excluded. No coverage is provided for Uninsured Motorist, Increase Limits of Uninsured Motorist, Underinsured Motorist, Personal Injury Protection, Non-Owned Vehicle, Hired Vehicle, or Physical Damage. In the event that Uninsured Motorist or Personal Injury Protection Coverage is mandatory under state financial responsibility laws in the state in which the covered insured auto is principally garaged, the Limit of Liability for Uninsured Motorist Coverage and/or Personal Injury Protection will only be provided at a limit no greater than the minimum limit of liability required by the financial responsibility laws of that state. The Participating Member agrees that for the reduced rate offered under the Group Liability Program, no coverage for Uninsured Motorist, Underinsured Motorist, or Personal Injury Protection will be provided under any Coverage Contract issued to a Participating Member.

Unit No	Year	Make	Body Type	Serial No.	Maximum Gross Weight Capacity	Describe Use of Vehicle or Equipment	Actual Odometer Reading	Radius of Operation from US Border in Miles	Actual Cash Value	Garage Location in the US	Annual Miles Driven in the US
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		
									<input type="checkbox"/> \$		

Please check the box located in "Actual Cash Value" column above if Physical Damage is desired. Actual Cash Value is defined as current market less depreciation. Physical Damage coverage for lien holders is provided as third-party contractual liability for owned vehicles and equipment only. The Actual Cash Value must be stated above.

HEREIN STATED AND AGREED BY (MUST SIGN): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

P.O. Box 469 • Sandy, Utah 84091-0469  
 Phone 1-800-321-1493 • Fax 1-800-666-9011 • E-Mail: [woga@insureguides.com](mailto:woga@insureguides.com)  
 Web Site: [www.insureguides.com](http://www.insureguides.com)



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### DRIVER SCHEDULE

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**Don't forget to attach a copy of the MVR and driver's license for each driver!**

Note: Endorsements must be paid for in full within five days of request. If payment is not received, driver(s) will be excluded from the policy.

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Insured Representative: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_