



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.

**GENERAL INFORMATION - LIABILITY INSURANCE DISCOVERY QUESTIONNAIRE**

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

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

**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 no, 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: \_\_\_\_\_  
 \_\_\_\_\_

**Premises/Locations**

13. Please include any information which adequately describes your premises, i.e., photos, diagrams, brochures, etc.

Physical Address	Use	Acreage	Own	Rent	Lease	# of Buildings	Premises Liability Requested	
							Yes	No

14. Please identify all locations where activities take place by: area, river, state, national forest, park, etc.:

\_\_\_\_\_  
 \_\_\_\_\_

**Activities**

15. Please list all activities for which coverage is being requested. Activities which are not identified and for which no coverage charge has been made are excluded. Prior to binding coverage, the conduct of some

activities will have to be further explained in supplemental questionnaires. All others must be described or no coverage can be provided.

Lodging	River Trips	Guided Hunting with horses	Guided Hunting w/o horses
Fishing	Rock Climbing	Drop Camp with horses	Drop Camp w/o horses
Fishing w/boats	Guest Ranch	Hiking/Camping	Trail Rides (lgth. hrs.)
Pack Trips	Guided Ski Trips	Bike Tours	Snowmobile Trips
Nordic Center	Climbing Gym	Ropes Course	Sea Kayaking
Other			

**Equipment**

- 16. How often is equipment checked and inspected? \_\_\_\_\_
- 17. Who is responsible for equipment maintenance? \_\_\_\_\_
- 18. Do your customers rent any of your equipment? £ Yes £ No  
If yes, please describe: \_\_\_\_\_
- 19. Do you keep any maintenance records? £ Yes £ No  
If yes, please describe: \_\_\_\_\_
- 20. Please attach a list of first aid supplies and rescue equipment that is carried on each trip.
- 21. List all motorized off-road vehicles and how many you use. All others must be described or no coverage can be provided. £ 4WD Vehicles £3 WD Vehicles £ 4 WD ATV  
£ Snow Cat £ Motor Boats £ Snowmobiles £ Other
- 22. Please also submit a list of all off-road motorized transportation including description, make, year, and model.

**Employees**

23. How many employees do you have?

	Full-Time	Part-Time
Year Round		
Seasonal		

- 24. Typically, do you get: £ Applications £ Resumes £ Referenced £ Interviews
  - 25. What are the minimum requirements and certifications for being an instructor or guide with your company? \_\_\_\_\_  
\_\_\_\_\_
  - 26. Describe required staff training for guides or instructors: \_\_\_\_\_  
\_\_\_\_\_
  - 27. Do you utilize Independent Contractors as employees? £ Yes £ N  
If yes, how many: \_\_\_\_\_
  - 28. What is the minimum age of employees? £ 16-18 £ 18-21 £ 21+
- Note: Please utilize the enclosed personnel roster to list all staff, including name, age, and experience.

**Participants**

29. What, if any, is the minimum and maximum age of participants?

Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

30. Is there a suggested clothing/equipment list for your customers?

£ Yes £ No

If yes, please submit a copy.

31. What is the guide/instructor to participant ratio?

Average: \_\_\_\_\_ Maximum: \_\_\_\_\_

**Risk Management**

32. The Association is looking for partners that are committed to using a high level of risk management in their operations. The following list is considered essential for your legal self-defense. If you do not currently have any of these items, the Association will help you develop them with samples, advice, and outlines. Please check the appropriate box:

	We currently utilize	Agree to develop, implement, and/or utilize
Scripted, written safety talks outline	£	£
Make no guarantees of safety in all literature; marketing	£	£
All field staff will have basic first-aid training	£	£
Written emergency evacuation plan	£	£
System for collecting complete names/addresses of all witnesses to an accident	£	£
Liability Release Form (Association can review and/or provide)	£	£

**Underwriting Information**

33. Amount of Liability required:

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: _____

34. Deductible desired: £ \$1,000 £ \$2,500 £ \$5,000 £ Other \$ \_\_\_\_\_

35. Participation Days and Additional Figures. Please supply estimated participant days for each activity/location:

Description of Activity	Annual # of Guests or Participants	X	Number of Days Each Person Participated	=	Total User Days
		X		=	
		X		=	
		X		=	
		X		=	

36. Gross Receipts:

Break out gross receipts by category. All others must be described or no coverage can be provided.

	Last Year	Estimated for this Year
Retail Sales		
Rental Fees		
Guided Trips		
Competition Fees		
Other		
Total		

37. Please list all entities requiring certificates of insurance or additional insured certificates. Include the complete name and address as it will appear on the certificate or no certificate will be issued. Please list others on separate sheets.

	Land Owner	Government Agency	Concessions, Contracts	Other
1.	£	£	£	£
2.	£	£	£	£

**Renewals only:** £ Check if you wish to have all current additional Insureds and Certificate Holders reissued certificates. Indicate any changed or deletion.

**Checklist of items to include with this Discovery Questionnaire, if available:**

£ Brochure	£ Liability Waiver (if used)
£ Operating Plan, Procedural Manual (optional)	£ Staff manual (optional)
£ Emergency Plan	£ Personnel Roster
£ Signature on this form	£ First Aid Kit List
£ Suggested Clothing/Equipment List	£ Advertising Materials
£ Registration Form	£ Safety Talk Outline

**Important:** Not everyone will have all these items. Not all these items are essential, however some are. The Association will work with you to develop the required materials that you may not have.

#### 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 an 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.

Applicant:

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

\_\_\_\_\_  
Signature

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