



**COLONY INSURANCE COMPANY  
GUIDES OR OUTFITTERS PDQ  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**Type of Guide or Outfitter:**

- Bicycle Tours
- Fishing (Other than Charter boats or Cruises)
- Guided Cross Country Ski Trips
- Guided Hunting – Confirm the following:  
 \_\_\_\_\_ Children under 16 provide certificate of completion of an approved hunter safety course  
 \_\_\_\_\_ No tree stands are provided  
 \_\_\_\_\_ Applicant does not furnish or sell firearms or ammunition. No reloading or gunsmith exposure.
- Guided Hiking and/or Camping Trips
- Outfitting only       Other: Describe \_\_\_\_\_

**Land:**

Does insured own or operate any of the land on which guided activities take place?  Yes  No  
If yes, what are the total acres owned by the insured? # \_\_\_\_\_ How many used for guided activities? # \_\_\_\_\_

**Receipts:**

What is the amount of receipts from the guide or outfitter activities? \_\_\_\_\_  
\$ \_\_\_\_\_ What is the amount of other receipts from other operations? Describe \_\_\_\_\_

**Lodging:**

Is overnight lodging provided?  Yes  No If yes, number of cabins or sleeping rooms? # \_\_\_\_\_

**Guiding Operations – Confirm the following:**

Guides have at least 2 years experience  Yes  No  
Independent Contractors (including guides/outfitters) supply certificates of G.L. Insurance?  Yes  No  
Children under 16 are accompanied by an adult?  Yes  No

**Boating Exposure – Confirm the following:**

Number of boats used in connection with the Guide operation? # \_\_\_\_\_  
Any boats over 26 feet or engines with over 50 HP?  Yes  No  
Any white water level 3, 4 or 5?  Yes  No  
Are Life jackets and safety gear are provided?  Yes  No  
Are Hold harmless agreements signed by all customers?  Yes  No

**Prohibited – Confirm none of the following exposures exist:**

All Terrain Vehicles (ATV's, Snowmobiles or Saddle Animals)  Yes  No  
Downhill skiing  Yes  No  
Jeep Tours  Yes  No  
Guided operations outside the United States  Yes  No  
Serving Liquor  Yes  No

Describe all losses in the past 3 years: \_\_\_\_\_  
Has insurance been canceled or non-renewed in the past year for non compliance of recommendations?  Yes  No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_