

**Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

**Outfitters and Guides Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Website Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Description of operations: \_\_\_\_\_

2. Errors and Omissions (E&O) Coverage (available up to General Liability Limits): Each Claim \$ \_\_\_\_\_  
Aggregate \$ \_\_\_\_\_

3. Type of license (if applicable): \_\_\_\_\_

4. Applicant's prior experience: \_\_\_\_\_

5. Activities of applicant:

a. Guides	Number of Guides		Number of Guides
Hunting	_____	Cross-country Skiing	_____
Fishing	_____	Backpacking	_____
Combination Hunting & Fishing	_____	Hiking	_____

b. Pack animals/saddle animals	Number of Animals		Number of Animals
Pack animals	_____	Saddle animals	_____

c. Outfitters  
Sale of equipment gross receipts: \$ \_\_\_\_\_ Rental of equipment gross receipts: \$ \_\_\_\_\_

d. Guest lodging  
Description of lodging provided: \_\_\_\_\_  
Total number of beds: \_\_\_\_\_  
Swimming pool provided? .....  Yes  No

e. Boats/ATVs/Snowmobiles  
Number of boats: \_\_\_\_\_  
Length of boats and horsepower: \_\_\_\_\_  
Number of applicant owned ATVs: \_\_\_\_\_ Number of applicant owned Snowmobiles: \_\_\_\_\_  
Does applicant provide each boat passenger with a U.S. Coast Guard approved personal flotation device? .....  Yes  No

**6. Is applicant involved with any of the following activities:**

- a. Aircraft exposures?.....  Yes  No
- b. ATV tours?.....  Yes  No
- c. Bicycle tours using public roads? .....  Yes  No
- d. Canoe/kayak watercraft exposures? .....  Yes  No
- e. Deep sea fishing?.....  Yes  No
- f. Dogsled exposure?.....  Yes  No
- g. Downhill skiing?.....  Yes  No
- h. Firearms or ammunition provided by applicant?.....  Yes  No
- i. Horse rental, training or riding instructions? .....  Yes  No
- j. Inner tube rentals?.....  Yes  No
- k. Rock climbing or rappelling? .....  Yes  No
- l. Guided saddle animal trail rides? .....  Yes  No
- m. Unguided saddle animal trail rides? .....  Yes  No
- n. Sleigh, buggy or hay rides? .....  Yes  No
- o. Snowmobiles or ATVs provided by applicant? .....  Yes  No
- p. Tree stands provided by applicant?.....  Yes  No
- q. White water exposures (Class III and above)?.....  Yes  No
- r. Use of Segways by customers? .....  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Minimum age requirement:** \_\_\_\_\_

**8. Are hold-harmless agreements/waivers obtained from participants?** .....  Yes  No  
If yes, attach sample.

**9. Are all rules and safety guidelines provided to participants?**.....  Yes  No

**10. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.