



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

\_\_\_\_\_  
General Agent Name  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

1. What percentage, if any, of your operations are on private land? \_\_\_\_\_%
2. Operations are a) year round: \_\_\_\_\_ or b) seasonal from \_\_\_\_\_ to \_\_\_\_\_
3. Number of years in business: \_\_\_\_\_ Type of license held: \_\_\_\_\_
4. List all Associations which your business is a member: \_\_\_\_\_

<b>5. Indicate Number of Employees:</b>		<b>6. Indicate Number of Independent Contractors:</b>	
	<u>Full Time</u>	<u>Part Time</u>	
Year Round	_____	_____	Year Round
Seasonal	_____	_____	Seasonal
			<u>Full Time</u>
			<u>Part Time</u>
			Year Round
			Seasonal

7. List Age and Experience of Insured and all Guides:

<u>Name</u>	<u>Age</u>	<u>Years of Experience</u>	<u>First Aid Training</u> (must have current certification)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Typically, do you obtain \_\_\_\_Applications \_\_\_\_Resumes \_\_\_\_References \_\_\_\_Interviews?
9. What are the minimum requirements and certifications for being an instructor or guide for your company? \_\_\_\_\_
10. Has any guide been involved in an accident which resulted in a death or serious injury, prior to current employment, or while in your employment? \_\_\_\_ yes \_\_\_\_ no  
If yes, please provide details: \_\_\_\_\_

11. Do you use Liability Waivers? \_\_\_\_ yes \_\_\_\_ no
12. Do you have an operating procedures manual? \_\_\_\_ yes \_\_\_\_ no
13. Do you provide a safety briefing? \_\_\_\_ yes \_\_\_\_ no

14. Please indicate gross receipts by category:

	Last Year 19____	Estimate for this Year 19____
Retail Clothing & Equipment Sales	_____	_____
Equipment Rental Fees	_____	_____
Guided Trips	_____	_____
Lodging	_____	_____
Other: _____	_____	_____
<b>Total Gross Receipts:</b>	<b>\$_____</b>	<b>\$_____</b>

15. Describe any Lodging and Swimming Activities: \_\_\_\_\_

*Attach copies of Liability Waiver, Operating Manual and Safety Briefing if available.*

16. Boats: Maximum boat length: \_\_\_\_\_ Applicable Boat licenses held \_\_\_\_\_  
Safety requirements \_\_\_\_\_

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

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

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