

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**OUTFITTERS AND GUIDES PROGRAM SUPPLEMENTAL APPLICATION**  
 (Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

2. **Type of license (if applicable):** \_\_\_\_\_

3. **Applicant's prior experience:** \_\_\_\_\_

4. **Does applicant's operation involve any of the following:**

- Aircraft exposures? .....  Yes  No
- Unmanned aircraft systems (drones)? .....  Yes  No
- ATVs/UTVs tours? .....  Yes  No
- ATVs/UTVs hourly/daily rentals? .....  Yes  No
- ATVs/UTVs provided by applicant and used for hunting/fishing trips? .....  Yes  No  
 If yes: Number of ATVs/UTVs:..... \_\_\_\_\_
- Bicycle tours using public roads? .....  Yes  No
- Boats? .....  Yes  No  
 If yes: Number of canoes, kayaks and rowboats:..... \_\_\_\_\_  
 Number of rafts: ..... \_\_\_\_\_  
 Number of motorized watercrafts:..... \_\_\_\_\_  
 Number of boats over twenty-six (26) feet:..... \_\_\_\_\_  
 Number of boats over 150 hp: ..... \_\_\_\_\_  
 Does applicant provide each boat passenger with a U.S. Coast Guard approved personal flotation device? .....  Yes  No
- Deep sea fishing? .....  Yes  No
- Dogsleds? .....  Yes  No
- Downhill skiing? .....  Yes  No
- Firearms or ammunition provided by applicant? .....  Yes  No



- Guides? .....  Yes  No  
 If yes: Number of Backpacking: ..... \_\_\_\_\_  
 Number of Cross-Country Skiing: ..... \_\_\_\_\_  
 Number of Hiking: ..... \_\_\_\_\_  
 Number of Kayaking: ..... \_\_\_\_\_  
 Number of Fishing: ..... \_\_\_\_\_  
 Number of Hunting: ..... \_\_\_\_\_  
 Number of Combo Hunting/Fishing: ..... \_\_\_\_\_
- Hydro jet packs or similar devices? .....  Yes  No
- Inner tube rentals? .....  Yes  No
- Jeep tours? .....  Yes  No
- Jet skis or wave runners? .....  Yes  No
- Lodging or Cabins? .....  Yes  No  
 If yes: Number of beds: ..... \_\_\_\_\_  
 Description of lodging provided: \_\_\_\_\_  
 Swimming pool provided? .....  Yes  No
- Marijuana/Cannabis tours? .....  Yes  No
- Outfitting/without Guides? .....  Yes  No  
 If yes: Retail sale of equipment gross receipts: ..... \_\_\_\_\_  
 Rental of equipment gross receipts: ..... \_\_\_\_\_
- Pack animals used for hunting/fishing trips? .....  Yes  No  
 If yes: Number of animals: ..... \_\_\_\_\_
- Paddle boards used on oceans, rivers or streams? .....  Yes  No
- Rock climbing or rappelling? .....  Yes  No
- Saddle animals? .....  Yes  No  
 If yes: Number of saddle animals used for hunting/fishing trips: ..... \_\_\_\_\_  
 Guided saddle animal trail rides? .....  Yes  No  
 Are helmets required? .....  Yes  No  
 Unguided saddle animal trail rides? .....  Yes  No  
 Horse rental? .....  Yes  No  
 Horse training or riding instructions? .....  Yes  No
- Sleigh, buggy or hay rides? .....  Yes  No
- Snowmobiles provided by applicant? .....  Yes  No  
 If yes: Number of snowmobiles: ..... \_\_\_\_\_
- Segways used by customers? .....  Yes  No
- Tree stands provided by applicant? .....  Yes  No
- White water exposures (Class III and above)? .....  Yes  No
- Wilderness/Survival camps? .....  Yes  No
- Other (Specify): \_\_\_\_\_

**5. For hunting guide services:**

- Do all hunters have a valid hunting license and comply with all federal and state hunting laws? .....  Yes  No
- Are minors accompanied by parent/guardian at all times? .....  Yes  No
- Are areas where the Guide takes his clients to hunt away from populated locations? .....  Yes  No

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

- 7. Are hold-harmless agreements/waivers obtained from all participants?**.....  Yes  No

If yes, attach sample.

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

9. 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: \_\_\_\_\_

10. 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 in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** 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 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 a 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

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

\_\_\_\_\_