



Recreational General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME:

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Mailing Address:				
Operations Address:				
Description of Operations:				
Inspection Contact:		Phone Number:		
Website Address:		E-Mail Address:		
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please describe:				
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:
Year operation opened:		Total Management Experience in this type of Operation:		
Is this a new venture or operation? *IF YES - MANDATORY to submit a Resume or Summary of Qualifications*		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:				
Limits of Liability Required:	Per Occurrence:		Aggregate:	
Deductible per Claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000			

Submission requirements for all Operations:

<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you cross check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 - 4a. IF YES, What % of receipts related to International operations? %
 - 4b. Do you require Travel Medical/Accident Coverage be purchased? Yes No
 - 4c. IF NO, Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 - 6a. IF YES, For what Activities - Duties?
 - 6b. IF YES, Do you obtain Proof of Insurance with AI status from them? Yes No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 - 7a. IF YES, Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 - 10a. IF YES, Explain: _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you Sell products that you manufacturer, install or assemble? Yes No
 - 12a. IF YES, Explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, and other structures)? Yes No
 - 13a. IF YES, Please list all: _____
14. Do you conduct any non-guided activities: Yes No
 - 14a. IF YES, Please describe in detail: _____
15. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 - 15a. IF YES, Business Name, Start/End Date, & Location: _____
16. Do you require background checks on all employees? Yes No
 - 16a. IF NO, do you require background checks on employees that work with minors? Yes No
17. Are employees cross checked on the National Sex Offender Registry? Yes No
18. Do all guides carry at all times a communication device? (e.g. radio, cell phone, etc.) Yes No
19. Has any guide been involved in an incident with resulted in death or serious injury? Yes No
 - 19a. IF YES, please provide details: _____

20. Are all guides licensed per your state or government agency's guidelines? Yes No
21. Do you utilize mobile equipment in your operations: Yes No
 - 21a. IF YES, what kind and purpose: _____

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

Have you had any incidents or claims in the past 5 years? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>			
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

REVENUE BREAKDOWN FOR ALL ACTIVITIES

Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED

AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature:

_____ Date: _____

Applicant's Printed Name:

_____ Applicant's Title: _____

GUIDES AND OUTFITTERS

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

ALL OPERATIONS MUST BE DECLARED - ONLY GUIDED ACTIVITIES ARE ELIGIBLE FOR THIS INSURANCE

GUIDED ACTIVITIES COVERED	# GUIDES	GROSS REVENUES	NO EXPOSURE
CAMPING			
CANOE / KAYAK / SUP TOURS			
CROSS COUNTRY SKIING			
DOG SLED TOURS			
DOWNHILL SKIING / SNOWCAT OPERATIONS			
FISHING			
HIKING / BACKPACKING			
HUNTING			
JEEP TOURS			
MOUNTAIN BICYCLE TOURS			
MOUNTAINEERING			
ROCK CLIMBING			
TREE CLIMBING			
SEGWAY TOURS			
SNOWMOBILES TOURS			
SNOWSHOEING			
WHITewater EXPEDITIONS			
GUIDED OTHER:			
GUIDED OTHER:			
GUIDED OTHER:			
GUIDED OTHER:			
GUIDED OTHER:			
INCIDENTAL OPERATIONS		GROSS REVENUES	NO EXPOSURE
CABINS/CAMPING / LODGING / RV			
CONCESSIONS			
RETAIL SALES OF MERCHANDISE			
RESTAURANT			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

WATERCRAFT DESCRIPTIONS AND RIVER CLASSIFICATIONS FOR ALL RISKS - USE A SEPARATE SHEET IF NEEDED

# Of CRAFT	LENGTH, MAKE AND MODEL OF WATERCRAFT	ENGINE HP	# OF PASS	CLASS OF RIVERS OPERATED ON (1-5) or FLATWATER NAME OF LAKE IF APPLICABLE

IF YOU DO NOT CONDUCT AN ACTIVITY LISTED - PLEASE CHECK OFF THE "NO EXPOSURE" BOX

GUIDED CANOE, KAYAK, SUP, AND FISHING TRIPS NO EXPOSURE

1. Do you provide any fishing equipment to your clients? Yes No
 1a. IF YES, Describe: _____
2. Do you require all participants to wear a Coast Guard Approved Life Jacket? Yes No
 2a. IF NO, Please Advise Why: _____
3. Do your operations include formal Training classes for Paddling or Fishing? Yes No
4. What is the minimum Age for Participation? _____
5. What is your Guide to Client Ratio? Guide _____ : Client _____
6. What type of bodies of water are your trips on: Rivers Lakes/Ponds Bays/Inlets Oceans Other (Describe): _____
7. What percent of fishing is: _____%Wading _____%Shoreline _____%Boat

GUIDED WHITE WATER NO EXPOSURE

1. Are the rivers operated on "Dam Release" Rivers? Yes No
 1a. IF YES, do you receive a schedule of releases and have procedures in place for client safety during a release? Yes No
 1b. Describe: _____
2. What is the minimum Age for Participation? _____
3. What is your Guide to Client Ratio? Guide _____ : Client _____
4. Do any guides have any certifications for: River Rescue Swift Water Rescue Wilderness First Responder
5. What percent of trips are on: _____%Class I _____%Class II _____%Class III _____%Class IV _____%Class V Rivers
6. Are first aid kits and safety throw ropes available on all trips? Yes No
7. Are all guests/participants required to wear a type III or better PFD? Yes No
8. Are all guests/participants required to wear a helmet on Class IV or better? Yes No
9. Are trip logs maintained by each guide or outfitter and kept on file for at least three (3) years? Yes No
10. Are two or more guides required for Class III or higher trips? Yes No
11. Describe your pre-trip safety orientation and confirm you have a written outline/guideline:

12. Describe your guidelines for determining minimum age requirements:

RIVER INFORMATION			
RIVER NAME	CLASS	LOCATION	MAX # of PASS per RAFT

GUIDED HUNTING NO EXPOSURE

1. Do you operate Drop Camps? Yes No
1a. IF YES, what is the percentage of receipts from the drop camps? _____
2. Do your hunts include overnight camping or lodging? Yes No
3. Type of Game being hunted: _____
4. Type of Hunting: Muzzle Rifle Bow Pistol
5. Do you provide firearms to your clients? Yes No
6. Do you provide re-loads? Yes No
7. Are tree stands used? Yes No
7a. IF YES, are safety harnesses used? Yes No
8. Are the stands inspected before every hunt? Yes No
9. Do you use any of the following to transport hunters or as pack animals/vehicles Yes No
9a. IF YES, indicate how many: ___ ATV's ___ Snowmobiles ___ Boats ___ Horses / Mules / Donkeys
10. Do you allow hunters and participants to drive the motorized vehicles? Yes No
11. Are Helmets required for Snowmobiles and ATVs? Yes No
12. What is the minimum age allowed to hunt or accompany a hunt? _____
13. What is your Guide to Client Ratio? Guide _____ : Client _____

GUIDED HIKING, BACKPACKING, BICYCLING, & JEEP TOURS NO EXPOSURE

1. Are designated and marked Trails used for hiking, backpacking, bicycling & jeep tours? Yes No
2. Are Trails inspected regularly? Yes No
2a. IF YES, how often? _____
3. Is hiking, backpacking, bicycling, & jeep tours conducted in an avalanche area? Yes No
4. Is there overnight camping? Yes No
4a. IF YES, describe camping: (Campground? In the Wilderness? In the Jeep?) _____
5. Jeep Tours: Do you confirm that all vehicles are insured per the state statutory requirements? Yes No
6. Do the Jeep Tours include any type of "Rock Crawling" Yes No
7. Do the Jeep Tours require seat belts/shoulder harnesses? Yes No
8. Do the Jeep Tour drivers have any adverse driving records? Yes No
9. Do you require all Bicyclists to wear helmets for protection? Yes No
10. Do you prescreen Bicyclists to determine ability to ride? Yes No
11. What percent of Bicycle Tours operate: Public Roadways _____ vs Private Roadways _____
12. What is the minimum Age for Participation? _____
13. What is your Guide to Client Ratio? Guide _____ : Client _____

SNOWMOBILES/ATV's:

1. Name the areas where your operations occur: _____
2. Check type of terrain: Public Roads Unexplored Trails Off Road Trails – Cut/Maintained Other _____
3. Check all safety equipment required: Eye Protection Helmet Shoes Long Pants Other _____
4. Do Snowmobiles have any of the following to improve visibility? Lights Reflectors Flags Other _____
5. What is the highest cc machine you allow a client to drive? _____
6. What is the fastest MPH allowed? _____
7. Do Snowmobiles have governors? Yes No
8. Do you allow guests to bring their own Snowmobiles? Yes No
9. Do you conduct any night tours? Yes No
 - 9a. IF YES, are the trails mapped, marked and familiar to you and the guides? Yes No
10. Do you participate or volunteer for any Search and Rescue operations? Yes No
11. Are alcoholic beverages allowed at any time? Yes No
12. Are guests allowed to drive after drinking? Yes No
13. Are safety rules clearly posted? Yes No
14. Do all guides have clear Motor Vehicle Records? Yes No
15. What is the minimum Age for Participation? _____
16. What is your Guide to Client Ratio? Guide _____ : Client _____
17. Do you have a guide in the front & back? Yes No

DOG SLEDS:

1. Name the areas where your operations occur: _____
2. Capacity of the largest dog sled: _____
3. Do you conduct any tours at night? Yes No
4. Do you cross over any public roads? Yes No
5. Do you cross over any frozen lakes or rivers? Yes No
 - 5a. IF YES, do you pre-inspect to ensure the ice safe? Yes No
6. What is the minimum Age for Participation? _____
7. How many years' experience must guides have? _____
8. Do you allow participants to drive the sled? Yes No
 - 8a. IF YES, under what conditions? _____

1. Name the area where your operations occur: _____
2. Do you provide night skiing / activities? Yes No
3. Are any ski lifts used in this operation? Yes No
4. Do you provide Equipment Rentals? IF YES, a separate supplemental must be completed Yes No
5. Number of vehicles used at any one time: _____ Radius of Operation _____ Number of trips each year: _____
6. Do you operate a Ski School? Yes No
7. Do you guide in areas that are Avalanche Areas? Yes No

8. What is the minimum Age for Participation? _____
9. What is your Guide to Client Ratio? Guide _____ : Client _____

GUIDED MOUNTAINEERING, ROCK CLIMBING, AVALANCHE AWARENESS, INDOOR CLIMBING & TREE CLIMBING NO EXPOSURE

1. Name of the areas you conduct the majority of your operations: _____
2. Indicate the type of climbing you conduct in your operations:
Bouldering Top Rope Climbing Lead Rope Climbing Ski Mountaineering Outdoor Climbing (rock/ice) Multi-Pitch
Canyoneering Avalanche Awareness Rapelling Tree Climbing Other: _____
3. Do you provide Instruction including Classroom for any of the activities you conduct? Yes No
4. Do you include any S.O.L.O. Programs in your activities? Yes No
- 4a. IF YES, do you check weather conditions and brush fire / drought conditions prior to conducting the program? Yes No
5. Do you supply equipment to your participants? Yes No
6. Do you follow the equipment manufacturers' use, maintenance & replacement policy? Yes No
7. Who is responsible for equipment inspection and maintenance: _____
8. How often is equipment inspected? _____
9. Are inspection records kept? Yes No
10. Are approved helmets required? Yes No
11. Are approved harnesses required? Yes No
- 11a. Full Body Harnesses Sit Harnesses

LOCATION INFORMATION				
LOCATION, NAME OF AREA, CRAG	NAME OF ROUTE	DIFFICULTY	LGT/HGT	ANCHOR TYPE

12. Describe anchoring system used for each of these activities:

13. Who is responsible for setting up anchors and their qualifications/experience?

14. Who is responsible for setting up guidelines & standards and route setting guidelines?

15. Describe Belaying Methods:

16. Is a belay back up used or a separate rope? Explain:

17. Describe inspection and monitoring procedures for mountaineering activities you conduct:

18. Describe verbal contracts or warnings given:

19. What is the minimum Age for Participation? _____

20. What is your Guide to Client Ratio? Guide _____ : Client _____

21. Provide a Copy of your Written Safety & Procedure Manual that includes Inclement Weather Procedures, Emergency Rescue Procedures and Summary of Activities / Operations / Terrain Activities are conducted on.

INDOOR CLIMBING GYM – Additional Specific Questions

1. How is gym access controlled? _____
2. How is climbing area monitored? _____
3. Who is allowed to climb on their own? _____
4. Describe Check-In Procedures: _____
5. When are spotters required? _____
6. When is safety testing done? _____
7. What does the safety test consist of? _____
8. What type of certification system is used: _____
9. What guidelines are used for participants with personal gear? _____
10. What type of landing surfaces are installed? _____
11. Who designed/built walls or other permanent structures? _____
12. Describe wall/equipment maintenance procedures and schedule and who is responsible: _____

13. Are belay tests given to everyone? Yes No

13a. If the participant fails the test, when can they take it again? _____

GUIDED SEGWAY TOURS

NO EXPOSURE

1. Name the areas where your operations occur: _____
2. Check type of terrain: Public Roads Sidewalks Off Road Trails – Cut/Maintained Other _____
3. Check all safety equipment required: Eye Protection Helmet Shoes Long Pants Other _____
4. What is the fastest MPH allowed? _____
5. Do Segway's have governors? Yes No
6. Do all guides have clear Motor Vehicle Records? Yes No
7. What is the minimum Age for Participation? _____
8. What is your Guide to Client Ratio? Guide _____ : Client _____
9. Describe the safety briefing given: _____

OVERNIGHT CAMPING

NO EXPOSURE

1. Will anyone under the age of eighteen (18) be allowed to camp at your facility? Yes No
2. Will anyone under the age of eighteen (18) be accompanied by a Parent or Legal Guardian during the camping session at all times? Yes No
3. Are all campers supervised by a designated staff member who is 21 years of age or older? Yes No
4. Are all personnel trained to respond in the event of an emergency? Yes No
5. Do all personnel have background checks performed? Yes No
6. Do all personnel know the exact location of the field telephone and first aid kit? Yes No

7. Do you allow alcohol, drugs or any Controlled Substances at your facility during camping sessions? Yes No
8. Total Number of Overnight Camping Event dates schedule for this year or policy period: _____
9. Total Number of campers allowed during each camping event: _____
10. What is your Staff to Camper Ratio for each event? (1) Staff member for every _____ Campers
11. What type of security will be provided for the campers at your facility? _____

CAMPING / CABINS / LODGING / SWIMMING

NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: _____
2. Total Number of RV Spaces Available: _____
- 2a. Describe Any Utility Hookups _____
3. Total Number of Cabins Available: _____
- 3a. If Lodge – Number of Units: _____ Date Built: _____ Construction: _____
4. Do All Cabins / Lodge Units Have Smoke Alarms? Yes No
5. Are Individuals allowed to cook within the cabins? Yes No
6. Is there a Swimming Pool or Swimming Area Available for Use? Yes No
- 6a. If yes, is there a Diving Board or Slide? Yes No
7. Are all Local and State Rules & Regulations regarding Signage Complied with? Yes No
8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? Yes No
10. Have you even received a citation or warning with respects to the pool/spa from State or Local Authorities? Yes No
- 10a. IF YES, describe citation and how remedied: _____

CONCESSIONS / RESTAURANT

NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? Yes No
- 1a. IF NO, please describe the Fire Protection present: _____
2. How often are the filters and hoods cleaned? _____ By Whom? _____
3. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? Yes No
- 3a. IF NO, please describe why: _____
4. Have you ever been cited for a health violation? Yes No
- 4a. IF YES, describe citation and how remedied: _____

RETAIL SALES OF MERCHANDISE AND SOUVENIRS

NO EXPOSURE

1. Do you repair or sell used equipment? Yes No
- 1a. If yes, do you have a warranty or guarantee or return policy that you provide? If Yes – Attach a Copy, Yes No
2. List any items you sell that are used / second hand: _____
3. Do you sell any of the following items?

- Ammunition Arrows Black Powder Bows Firearms Inflated Amusements Knives Reloads Liquor*

*Please Note that Liquor Liability is a referral to the carrier and a separate supplemental application must be completed.

GUIDED ACTIVITIES – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE

ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		You shall not allow the participation in any activity which is not a ' Guided Activity '. Participants shall be supervised at all times by guide or an assistant guide, with suitable experience during all times that the facilities are in use. Guided Activities means that the activity is under the continuous observation and control or supervision of the insured and/or the insured's qualified guides/employees.
2.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
3.		Prior to participation in an activity, each participant and / or passenger shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
4.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
5.		All applicable State and Federal safety standards for the operations are to be followed at all times during activities. Each participant will wear applicable safety equipment.
6.		The Primary /Lead Guide on the trip must be at least 18 years of age and have one years of guiding experience in the activity covered under this insurance and/or follow their State or Federal Qualification requirements.
7.		You shall have a minimum of one First Aid & CPR Certified (current) or First Responder trained person on each trip.
8.		You shall inspect all equipment / vehicles/ units / watercraft daily prior to the commencement of activities and make repairs where necessary to ensure your patron's safety. You will maintain and keep a written log of these inspections and repairs.
9.		You will have on each guided trip some form of emergency communication such as cell phone, radio or walkie talkies or other reliable communications capable of summoning assistance from remote locations such as a special whistle / sounding device
10.		Each Expedition or Trip shall have available a suitable, updated and adequately stocked first aid kit.
11.		Records of each "Guided Activity" with times and dates must be maintained along with the waivers and including, incident / injury reports for a minimum of 3 years.
12.		All incidents regardless of severity will be reported to the company immediately.
13.		You shall have an emergency evacuation plan in the event of inclement weather.
14.		You shall have an emergency procedure in place for lost or late returning tours and trips.
15.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the expected weather conditions.
16.		Employees must be properly trained and experienced in the operations; on all activities and agree to enforce all eligibility requirements.
17.		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

GUIDED MOUNTAINEERING – Specific Requirements		
No.	Initials	Requirements
18.		An industry accepted climbing helmet and safety equipment must be worn by all climbers.
19.		All technical climbing equipment must be manufactured to standards similar to those established by the Union Internationale Des Associations d 'Alpinisme (IUAA). All other equipment must be purchased from a vendor that has significant knowledge of climbing equipment manufacturers.
20.		Guide to Client ratio shall not exceed (1) Guide to (6) Clients.
21.		Climbers must be at least 8 years of age on their last birthday or have reached the age as Designated by law, whichever is greater - Climbers under 18 must have a parent with them OR a properly signed waiver.
GUIDED SNOWMOBILE/ATV & DOGSLED – Specific Requirements		
No.	Initials	Requirements
22.		The covered units are subject to the maximum manufacturer passenger capacity.
23.		Motorized units may not be rented to any person under the age of 18 years on their last birthday, or the age as designated by law, whichever is greater. This age can be reduced to 16 or 17 where permitted by applicable law and a parent is present and signs a waiver.
24.		Under no circumstances will you conduct or permit any form of contest or racing event.
25.		Guide to client ratio shall not exceed (2) Guides to (7) Clients in simple terrain and (2) Guides to (5) Clients in challenging and complex terrain.
GUIDED SEGWAYS – Specific Requirements		
No.	Initials	Requirements
26.		A helmet must be worn by all riders.
27.		Guide to client ratio shall not exceed (1) Guide to (6) clients.
28.		Motorized units may not be rented to any person under the age of 18 years on their last birthday, or the age as designated by law, whichever is greater. This age can be reduced to 12 where permitted by applicable law and a parent is present and signs a waiver.
29.		Segway's must be limited to a speed of 5MPH and may only be operated on sidewalks, trails, and paseos. Operating in a public roadway is prohibited.
30.		Under no circumstances will you conduct or permit any form of contest or racing event.
GUIDED WATER ACTIVITIES – Specific Requirements		
No.	Initials	Requirements
31.		Participants shall be fitted with an approved United States Coast Guard personal flotation device, which must be securely fastened and worn by all clients on the watercraft at all times.
32.		Class IV and V water Participants shall be required to wear an industry approved safety helmet.
33.		Industry approved Safety helmets must be offered to all participants on all other classes of water. If accepted – they must be fastened and worn prior to commencing the trip.
34.		Participants for class IV and V water must be at least 16 years of age on their last birthday or the minimum age as designated by law, whichever is greater, and a Parent is present and signs the waiver.
35.		One buoyant heaving line at least 3/8 inch in diameter and 50 feet in length, carried in a bright coloured rescue bag, will be on board each multiple passenger raft at all times..
36.		Guide to client ratios will not exceed one (1) Guide to ten (10) Clients.
37.		All Watercraft are subject to the maximum passenger capacity as designated by the manufacturer, which maximum number of passengers shall be adhered to.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

APPLICANT'S SIGNATURE & TITLE

PRINTED NAME & TITLE

DATE

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of Colorado: 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of New York: 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted .
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	#4472 Syndicate on behalf of certain Underwriters at Lloyd's