



OUTFITTER & GUIDE APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: General Information

How did you hear about us?

Name Insured:

Principal Contact:

Mailing Street Address:

City:

State:

Zip:

Location Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Effective Date:

Website:

Business Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other:

Limit of Liability requested: ☐ \$300,000 Occurrence ☐ \$500,000 Occurrence
☐ \$1,000,000 Occurrence

Do you operate any other business from this location? ☐ Yes ☐ No

(List information below for each business, use seperate sheet to list information if necessary)

If yes type of entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other:

Description of business:

Section 2: Prior Carrier Information

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Section 3: Additional Insureds *if necessary use another sheet of paper*

Name	Complete Address	Interest



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Section 4: Producing Insurance Agency

Agency:		Contact:	
Address:			
City:	State:		Zip:
Phone Number:		Fax Number:	
Email:		Website:	

Section 5: Activity Information

Actual Total Receipts for Prior 12 Months:				
Estimated Total Receipts for Next 12 Months:				
Activities Conducted	# of Guides	# of Units	User Days	Revenues
Guided Fishing				
Hunting				
Shooting Range - Rifle or Pistol				
Hiking/Backpacking				
Horseback Riding				
Hay, Sleigh or Wagon Rides				
Lodging/Cabin Rentals				
Retail Store				
Bike Rentals				
Mountain Bike Riding				
Road Cycling				
Boating				
Jet Skis or Wave Runners				
River Tubing				
Sea Kayak Tours/ Rentals				
Waterskiing				
Whitewater Rafting				



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Section 5: Activity Information (continued)

Activities Conducted	# of Guides	# of Units	User Days	Revenues
SCUBA Diving				
Cross Country Skiing				
Dog Sled Tours				
Downhill Skiing				
Snowshoeing				
ATV-guided				
ATV-unguided				
Snowmobiles-guided				
Snowmobiles-unguided				
Climbing Wall				
Rock Climbing				
Paintball				
Youth Camps or Programs				
Other, describe:				

Section 6: Operations Information

Do you require guests to sign a liability waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require guests to complete a health & physical fitness form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a brochure or web page? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years have you been in business?	
If you are a new venture, how many years prior experience?	
Are any operation conducted outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hire guides as sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what activities?	Do you obtain proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business operational year round? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, number of months you are operational?	



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Section 6: Guide Information

Name	Age	Years Experience	First Aid Qualifications

Section 7: Lodging Section - Guest Quarters

☐ N/A

Total number of units for guest rental?

Number of RV spaces:

Tent Sites:

Maximum guest capacity:

Do all units have smoke alarms? ☐ Yes ☐ No

Do you have a swimming pool or swimming area? ☐ Yes ☐ No

If yes, do you have a diving board? ☐ Yes ☐ No

Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?
☐ Yes ☐ No

If no, provide time table and action plan:

Section 8: Retail Operations

☐ N/A

Do you have retail operations for any of the following? ☐ General Store ☐ Gun Sales
☐ Ski Equipment Sales ☐ Ski Equipment Rental ☐ Liquor Store ☐ Restaurant
☐ Fishing Equipment Sales ☐ Fishing Equipment Rental

What are your total gross sales from retail operations?

Section 9: Hunting

☐ N/A

What is the maximum guide to guest ratio? Guides to Guests

What is the maximum number of hunters at any one time?

Do you operate drop camps? ☐ Yes ☐ No Is livestock provided with drop camp? ☐ Yes ☐ No

What percentage of your hunting operations are unguided?



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Section 9: Hunting (Continued)

What type of game is being hunted? ☐ Elk ☐ Deer ☐ Exotics ☐ Bear ☐ Turkey
☐ Waterfowl ☐ Upland Birds ☐ Hogs ☐ Other, describe:

Are Tree Stands used? ☐ Yes ☐ No If yes, are safety harnesses required? ☐ Yes ☐ No

Do you use any of the following to transport hunters? If yes, how many?

☐ ATV's ☐ Horses

☐ Snowmobiles ☐ Boats

☐ Other Unlicensed Vehicles:

If ATV's and/or Snowmobiles are used, are helmets required while riding?

Section 10: Bicycle Section- Tour Information

☐ N/A

Maximum number of cyclists on a tour?

Maximum number of tours operating on the same day?

Number of guides on a tour? Are helmets required? ☐ Yes ☐ No

What is the percentage of tours operated: Off Road vs. On Roadways

Do you pre-screen guests to determine ability prior to riding? ☐ Yes ☐ No

Do guides carry any communication device with them? (2-way radio, cell phone, etc.) ☐ Yes ☐ No

If yes, what type?

Section 11: Watercraft Liability Section

☐ N/A

Boat Scedule *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	#Pass	Guided
						<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
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of operation do you have? ☐ Boat Rentals ☐ Fishing Trips ☐ Hunting
☐ Tube or Canoe Rentals ☐ Other:

On what bodies of water does use take place? ☐ Rivers ☐ Lakes ☐ Ocean ☐ Bays/Inlets



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Section 11: Watercraft Liability (Continued)

If rivers, what classes are boated: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V		
Are life vests (PFD's) required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are life vests (PFD's) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
CANOE, KAYAK, AND/OR RIVER TUBING INFORMATION <input type="checkbox"/> N/A		
Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		
What % of operations are unguided?		Number of guides?

Section 12: Equine Section

☐ N/A

Total number of horses available for guest riding?	
Maximum number of horses in use for guest riding at any one time?	
Average number of horses in use for guest riding at any one time?	
What is the youngest rider you will allow on a horse?	Years Old
Do you offer the use of helmets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever allow double riding? <input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your guest ride: Western Saddle?	vs. English Saddle?
What percentage of your operations are: Unguided?	vs. Guided?
What is the maximum guide to guest ratio? Guides	to Guests
Do you operate pony rides? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: <input type="checkbox"/> Trail Ride <input type="checkbox"/> Riding Ring <input type="checkbox"/> Hand Led <input type="checkbox"/> Other (describe):	

Section 12b: Equine Guest & Safety Information

Do you require guests to complete a physical fitness information form prior to riding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pre-screen guest riders and determine ability prior to riding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do guides carry any communication device with them? (2-way radio, cell phone, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct a pre-ride safety briefing with guests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide a written safety manual of procedures to all staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide copy.</i>
List reasons why you would decline a person from riding (health, age, weight, alcohol, pregnancy)



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Section 12b: Equine Guest & Safety Information (Continued)

Do you board horses for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Do you teach or allow your guests to participate in: <input type="checkbox"/> Dressage <input type="checkbox"/> Cattle Drives <input type="checkbox"/> Inoculations <input type="checkbox"/> Barrel Racing <input type="checkbox"/> Horse Jumping <input type="checkbox"/> Team Penning <input type="checkbox"/> Sleigh Rides <input type="checkbox"/> Branding Cattle <input type="checkbox"/> Horse Racing <input type="checkbox"/> Roping Cattle <input type="checkbox"/> Hay Rides <input type="checkbox"/> Handling Livestock <input type="checkbox"/> Buckboard/Buggy Rides	
Are guests allowed to handle rope or brand livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you conduct cattle drives, what is the number of: Wranglers _____ to Rider _____	
Maximum Duration: _____	Maximum Distance: _____
If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in: 	

Section 13: Loss History

Date	Description of Incident	Amount Paid/Reserved

Do you have knowledge of any incident which may lead to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: 	
Name: _____	Title: _____ (Must be signed by president chairman or CEO)
Signature: _____	Date: _____
Produced By: (Section to be completed by Producer/Broker)	
Producer: _____	Agency: _____
License Number: _____	Agency Taxpayer ID: _____
Address: _____	



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CYBER LIABILITY

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: