



OUTFITTER 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

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Abuse/Molestation
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Hired & Non-Owned Auto

Section 1: Insured Information

How did you hear about us?

☐ I am a new account ☐ I am renewing coverage

Named Insured:

DBA:

Mailing Address:

Contact Person:

Daytime Phone #:

Email Address:

Website Address:

Physical Address of the primary operations:

Insured as: ☐ Individual ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Partnership

Associations that you are a member of:

Section 2: For New Accounts Only

1. What is the name of your current insurance carrier(s) & the expiration date(s) of coverage?

Name(s):

Expirations date(s):

2. Is your current carrier non-renewing your coverage? ☐ Yes ☐ No

3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three years, including the amount paid. (If you have loss info, provide copy)

Section 3: Effective Date

Coverage will begin the day after the completed enrollment form and premium are received and approved by us or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy) ☐ Start by Coverage on the Date:

☐ Renew my coverage on this date:



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Section 4: Underwriting Questions

1. Have you been in business over one year? ☐ Yes ☐ No If yes, how many years?

If no, please indicate years of equivalent experience:

2. Do you require that each customer sign an individual waiver and release of liability and have a parent/legal guardian sign the waiver and release for customer under legal age? ☐ Yes ☐ No

3. Have you had any losses or claims in the last four years? ☐ Yes ☐ No

If yes, please describe:

4. Have you or any of the guides you employ or subcontract ever been involved in an incident which resulted in serious injury or death? ☐ Yes ☐ No

If yes, please describe:

Date of incident:

5. In the past five years, have you or any of your staff (employees, volunteers, subcontractors, etc) had any infractions, fines, or citations from any applicable authority (Park Service, Forest Service, City, State, etc.)? This includes but is not limited to having you or a staff members' license(s) suspended or revoked. ☐ Yes ☐ No

If yes, please describe:

Date of event:

If yes, is event covered elsewhere? ☐ Yes ☐ No

7. Do you have any owned lodges/cabins? ☐ Yes ☐ No If yes, Number of Cabins?

If yes, are there smoke alarms/detectors in each sleeping area? ☐ Yes ☐ No

8. Do you have any motorized watercraft with an engine greater than 250 HP? ☐ Yes ☐ No

9. Do you use trailers, either attached or detached in your business? ☐ Yes ☐ No

If yes, you would need a business auto policy, as they are not covered under this program.

Section 5: Insured Operations

Please select all activities that apply to your operation.

- ☐ Backpacking ☐ Bicycling ☐ Campgrounds (must be 50% or less of total revenues)
☐ Camping ☐ Cross-country skiing (must be 20% of total revenues) ☐ Eco Tours
☐ Fishing (guided) ☐ Guided water operations: Class I, II, III rivers, flat water, sea kayaking, canoe
☐ Hiking ☐ Hunting (guided) ☐ Kayak/Canoe Rentals ☐ Non-motorized watercraft/tube rental operations (non-guided) ☐ Owned lodges/cabins (must be 50% or less of total revenues)
☐ Paddlefit ☐ Paddling/Paddleboarding (includes stand up paddleboarding)
☐ Retail sales (must be 80% or less of total revenues) ☐ Shoreline/sailing (must be 10% or less of total revenues) ☐ Skimboarding ☐ Snorkeling (must be 10% or less of total revenues)
☐ Snowshoeing ☐ Surfing ☐ Windsurfing

Section 6: Coverages & Limits

Coverage (choose one)	Option 1	Option 2	Option 3
Commercial General Liability (CGL) Each Occurrence	\$1,000,000	\$2,000,000	\$3,000,000
General Aggregate (other than Products-completed Operations)	\$2,000,000	\$2,000,000	\$3,000,000
Products-completed Operations Aggregate	\$2,000,000	\$2,000,000	\$2,000,000
Personal and Advertising Injury	\$1,000,000	\$1,000,000	\$1,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$300,000	\$300,000	\$300,000
Medical Payments	Excluded	Excluded	Excluded
Rate	\$.019	\$.0393	\$.0429
Minimum Earned Premiums	\$1,400	\$2,470	\$2,720

* Please contact us if higher limits are needed *

Please check desired Options below.

Options	Rates/Premium Calculation
<input type="checkbox"/> Option 1	$\$0.019 \times \text{(total receipts)} = \$ \text{(A)}$ Total premium of \$1,400, whichever is greater (Rounded to the nearest dollar)
<input type="checkbox"/> Option 2	$\$0.0393 \times \text{(total receipts)} = \$ \text{(A)}$ Total premium of \$1,470, whichever is greater (Rounded to the nearest dollar)
<input type="checkbox"/> Option 3	$\$0.0429 \times \text{(total receipts)} = \$ \text{(A)}$ Total premium of \$2,720, whichever is greater (Rounded to the nearest dollar)

Section 7: Exclusions - General Liability

Abuse and molestation; Aircraft/Hot Air balloon; Airport; All skiing (except cross-country, telemark and snow-shoeing); Amusement device (arising out of the ownership, operation, maintenance or use of any "amusement device". For purposes of this exclusion, "amusement device" means any device or equipment a person rides for enjoyment, including but not limited to , any mechanical or non-mechanical ride, slide or water slide including any ski or tow when used in connection with water slide, moonwalk or moonbounce, bungee operation or equipment. "Amusement device" does not include any video arcade or computer game); Archery/skeet/pistol ranges; Asbestos; Bouldering; Bungee; Canyoneering; Class IV and V whitewater rivers; Climbing walls; Indoor rock climbing gyms; Employment practices; Equine Activities; Fireworks; Fungus Injury or death to animals; Motorized vehicles; Mountaineering (including mountain biking and rock/ice climbing); Professional liability; Public storage operations; Ropes/challenge courses; Sailboat racing and stunting; Securities and financial interest; Snow sled (Arising out of the ownership, operation, maintenance, use, loading

Section 7: Exclusions - General Liability (continued)

or unloading any equipment or device used for snow sledding, including but not limited to, any inflatable tube, saucer, sled, toboggan or bobsled. This exclusion does not apply when such equipment or device is used by you, your employee or ski patrol to provide emergency rescue or first aid); snowmobiles (Arising out of the ownership, operation, maintenance, use, loading or unloading of any snowmobile); Special events supported by the insured; Sponsorship of races including but not limited to adventure races (including but not limited to the participation in or sponsoring any Mud Runs or Tough Mudder Events); Stand-alone ski equipment and bicycle rental stores, Watercraft/pwerboats when testing, stuting, racing or practicing; Zip Lines; and Auto coverage of any kind.

Section 8: Equipment & Contents (Inland Marine) Optional Coverage

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

This option provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements, and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions)

Notable Exclusions: Earthquake, Water/Flood, Wind Hail

Do you have any individual items valued at more than \$5,000? ☐ Yes ☐ No

(If yes, please call 864-688-0121 as you are not eligible for Inland Marine coverage for this program)

Step 1: Provide values for categories below

Supplies and Inventory such as office supplies and items for sale	\$
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Equipments and Contents such as; canoes, kayaks, life jackets, hiking equipment, and other equipment or contents that are used in the operations being covered in this policy.	\$
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Improvement & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time to show verification of purchase.	\$
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Signs (indoor or outdoor)	\$
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Misc. Equipment - (describe equipment)	\$
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Total replacement value (add all lines above)	\$
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Step 2: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment & Contents Premium

☐ **My total replacement value is between \$1 - \$10,000** (\$250 deductible will apply)

\$.03 x \$ (total replacement value) = \$

\$ Equipment & Contents Premium (B) (Total premium or \$700.00, whichever is greater)



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Section 8: Equipment & Contents (Inland Marine) Optional Coverage (continued)

☐ **My total replacement value is over \$10,000** (\$1,000 deductible will apply from \$10,001 to \$100,000)

\$.026 x \$ (total replacement value) = \$

\$ Equipment & Contents Premium (B) (Total premium or \$700.00, whichever is greater)

Section 9: General Liability - Additional Insureds

Additional Insureds List the name and mailing address of any entity requiring a Certificate of Insurance evidencing them as an Additional Insured entity, please provide a fax number or email address for delivery.

#1: Name:

Address:

Relationship to you: ☐ Land owner for activities ☐ Permit grantors ☐ Owner, manager or lessor of the premises ☐ Vendor (to be used for entities that advertise your services such as hotels/motels) ☐ Client (to be used for an organization or group that you are guiding or renting equipment to)

Delivery by fax to: or delivery by e-mail to:

Type of Activity: Date of Activity:

If yes, please describe: Date of incident:

#2: Name:

Address:

Relationship to you: ☐ Land owner for activities ☐ Permit grantors ☐ Owner, manager or lessor of the premises ☐ Vendor (to be used for entities that advertise your services such as hotels/motels) ☐ Client (to be used for an organization or group that you are guiding or renting equipment to)

Delivery by fax to: or delivery by e-mail to:

If yes, please describe: Date of incident:

#1: Name:

Address:

Relationship to you: ☐ Land owner for activities ☐ Permit grantors ☐ Owner, manager or lessor of the premises ☐ Vendor (to be used for entities that advertise your services such as hotels/motels) ☐ Client (to be used for an organization or group that you are guiding or renting equipment to)

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Section 10: Equipment & Contents - Loss Payee

#1 Loss Payee: (if other than named insured)

Name:

Contact Name:

Mailing Address:

Please identify item(s)

#2 Loss Payee: (if other than named insured)

Name:

Contact Name:

Mailing Address:

Please identify item(s)

#2 Loss Payee: (if other than named insured)

Name:

Contact Name:

#1: Name:

Mailing Address:

Please identify item(s)

Section 11: Total Premium Summary

General Liability Premium (from page 3)

\$ (A)

Equipment & Contents Premium (from page 4)

\$ (B)

Total Premium Due (add lines A + B)

\$ (C)

New Jersey Applicants Only

New Jersey applicants need to add a .9% state mandated Property Liability Guarantee Association (LIGA) purchase to the total premium

Total NJ Premium Due (Multiply line C X .009)

\$ (D)

West Virginia Applicants Only

West Virginia applicants need to add a .55% state mandated surcharge to the total premium

Total WV Premium Due (Multiply line C X .0055)

\$ (D)

Kentucky Applicants Only

Kentucky applicants must contact their agent for specific surcharges to be added to the total premium

\$ (E)

Risk Purchasing Group Membership Fee (MANDATORY)

\$15.00

Total Due (add lines C, D, E)

\$



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Section 12: Outfitter & Guides RPG Minimum Underwriting Guidelines

1. A Waiver & Release of Liability, provided by you, will be signed by and obtained from all customers. In addition to the customer's signature, the form must have a parent's or a legal guardian's signature if the customer is under legal age. **ONE WAIVER PER CUSTOMER IS A REQUIREMENT; ROSTER WAIVERS ARE NOT ACCEPTABLE.** All waivers must be kept for minimum of 3 years.

2. Customers will be fitted and provided with a United States Coast Guard approved flotation device for all water-related activities.

3. The primary/lead guide on a trip must be at least 21 years of age and have a minimum of two years of guiding experience. The guides and assistant guides must follow and state certification requirements when applicable. Any exception to the guideline must be referred to and approved by K&K.

4. The guide-to-customer ratios will not exceed then (10) customers to one (1) guide.

5. Each guided trip must have one guide with the follow certifications: cardiopulmonary resuscitation, first aid. Water rescue training and certification, where available, is required if a water activity is involved.

6. Each guided trip must have the following equipment: adequately stocked first aid kit, emergency communication devices such as cell phones, two-way radios, mirrors, whistles, flags, flares.

7. No alcoholic beverages or controlled substances will be provided by the insured to be consumed on board any watercraft.

8. Any customer, guide or staff member who is, or appears intoxicated or under the influence of illegal or controlled substances will not be allowed on board any watercraft or tube and not be allowed to participate in any other covered activity.

9. Guide/Operator will verify that the required state hunting and fishing licenses are in place.

10. Guide/Operator will follow all state requirements with regards to hunting and fishing seasons including fishing catch limits, hunting bagging limits, protective equipment such as orange vests and type of firearm/weapon used and any education/age requirements.

11. Equipment maintenance/inspection procedures must be in place.

12. All employees an customers will be fully informed of these requirements and will agree to enforce and adhere to them.

NOTE: Any deviation from these guidelines must be documented and submitted along with the application for consideration and receive written approval for the exception.

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

Applicant's Signature:

Producer's Signature

Applicant's Name (print)

Producer's Name (print)

Date:

Date:



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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: