



Hunting/Fishing 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"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

1. How did you hear about us?

2. Name of Insured: (as it should appear on policy)
(the legal name of the business or organization; an individual name is acceptable if you are sole proprietor)

3. Doing Business as (DBA):
(additional name(s) under which the named insured operates)

4. Mailing Address:

5. Address(s) of actual operation:

Description of operation/location:

6. Fax #:

Telephone:

Website:

Email:

Does Insured: ☐ Own ☐ Lease premises

Insured is: ☐ Coporation ☐ Partnership ☐ Individual

7. Have the business owners, partners, or principal shareholders ever had an outfitter's license re-fused, revoked, suspended, or voluntarily surrendered? ☐ Yes ☐ No

If yes, please explain:

FEIN:

Proposed effective date:

10. Names of all partners or officers of corporation:

Owner of premises:

Address:

Length of time in business at this location: years

Total management experience in this type of business: years

11. Associations you are a member of: ☐ America Outdoors ☐ AQHA ☐ USDF ☐ Other:



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Section 1: General Information (continued)

12. **Limits of Liability** - All limits are subject to company acceptance and approval.

Bodily Injury and Property Damage - Combined Single Limits (CSL) - \$1,000,000 CSL

Deductible: ☐ \$0 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Additional Insureds

Name	Address	Relationship to you

Section 2: Watercraft Supplement ☐ N/A

1. What rivers or lakes do you operate on?

Name/Description	Class 1-5	Type
		<input type="checkbox"/> Motor <input type="checkbox"/> Non-Motor

2. All boats, rafts canoes, kayaks, etc. used. Including length, person capacity, motor size.

3. Do you employ anyone younger than 21 years of age? ☐ Yes ☐ No

If yes, please explain all duties:

4. How often do guides and staff receive a review in the proper use of equipment and related safety procedures?

5. Describe regular maintenance schedule for equipment, documentation, responsibility etc.

6. Do you rent any equipment? ☐ Yes ☐ No If yes, explain:

7. What emergency signal devices do you carry? (Radios, Flares, etc.)

8. Length of operational season:

Must sign and return Guided Whitewater Rafting (and/or) Guided Canoeing or Kayaking Minimum Underwriting Guidelines



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Section 3: Hunting, Fishing Supplement ☐ N/A

1. What percentage of your hunting is non-guided? %	
2. What type(s) of terrain does the hunting take place on?	
3. Are all participants and a parent/guardian for minors (where applicable) required to sign an individual waiver/release form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are minors permitted to hunt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, what percentage of the overall operation is youth orientated? %	
b. If yes, what is the minimum allowed age? years	
c. If yes, are parents/guardians required to be present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. What type(s) of game are being hunted?	
5. Are tree stands used? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If yes, are harnesses required? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, how often are the maintained?	
6. Are any of the following used to transport hunters, equipment, or game? If yes how many? <input type="checkbox"/> Horses: <input type="checkbox"/> Snowmobiles: <input type="checkbox"/> ATVs: <input type="checkbox"/> Other(describe):	
7. Do you employ anyone younger than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, please explain their duties:	
8. What emergency medical equipment and signal device(s) do you carry on each trip?	
9. Do you have a regular maintenance schedule for equipment, documentation responsibilities, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you conduct fishing trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where are fishing trips conducted (lakes, rivers, ocean, etc)?	
11. Are boats used? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If yes, are they motorized? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, please provide the horsepower, length, and person capacity of each boat.	

Section 4: Equestrian Operations ☐ N/A

1. Estimated maximum number of animals used on any one day:	
2. Pony Rides: Number of ponies:	Type of ride: <input type="checkbox"/> Sweep <input type="checkbox"/> Ring <input type="checkbox"/> Other:
Gross Receipts:	
3. Do you have trail rides with riders using their own horse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they guided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum at any one time:



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Section 4: Equestrian Operations (continued)

4. Do trails cross or run parallel to roads or highways? ☐ Yes ☐ No

If yes, please describe:

5. Do you have guided trail rides? ☐ Yes ☐ No Gross Receipts:

6. Do you use guides or safety patrol for all riders? ☐ Yes ☐ No

7. Do you rent or lease horses or ponies to camps/resorts or individuals? ☐ Yes ☐ No

How many rented?

To whom rented?

Rental term:

Gross receipts:

8. Do you sell tack and/or clothing? ☐ Yes ☐ No

Area used (sq. ft.):

Gross receipts:

9. Do you repair riding equipment for others? ☐ Yes ☐ No

10. Carriage/sleigh/wagon: ☐ On premises ☐ Off premises

Number of passengers:

Number of units:

Must sign and return Guided Trail Ride (and/or) Pony Ride (and/or) Carriage/Sleigh/Wagon Ride Minimum Underwriting Guidelines

Section 5: Miscellaneous Information

Total Receipts from all Operations \$

Hiking/Backpacking/Camping \$

Lodging \$

Non-motorized boat,raft,canoe rentals \$

All Food/Beverage (excluding liquor) \$

Equipment Rental Receipts \$

Demos, Clinics for Lakes of Guided Class 1, 2, 3 Rivers \$

Liquor \$

Receipts from retail sales \$

Biking (guided) \$

Biking (non-guided) \$

Cross Country Skiing Sales \$

Rock Climbing \$

Indoor Climbing Wall \$

Stand Up Paddleboard Tours/Rentals \$

Ropers Course Participants

Surfing/Surfboard Rental \$

Natural Education History Education Tours \$

Mobile Walls Sales \$

Picnic Grounds/Camp Grounds \$

Guiding/Outfitting Fishing Trips \$

Guiding/Outfitting Hunting Trips \$

Other (please describe) \$



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Section 5: Miscellaneous Information (continued)

Number of Each:

Guest Lodges:	Swimming Pools:
Fishing Ponds:	Guest cabins and/or rooms:
Hot tubs (saunas, etc.):	Bicycles (Rentals):
Snowmobiles:	Trap Skeet Ranges:
Rifle/Pistol/Ranges:	Athletic Courts (tennis, volleyball, etc):

Please answer all questions:

1. Do you have cross-country skiing? ☐ Yes ☐ No
2. Do you have any other type of skiing? ☐ Yes ☐ No
3. Do you rent skiing equipment? ☐ Yes ☐ No
4. Do guest sleeping areas have smoke alarms? ☐ Yes ☐ No
5. If meals are served are appropriate food handling & sanitation procedures followed? ☐ Yes ☐ No
6. Are pool areas enclosed by a fence? ☐ Yes ☐ No
7. Are lifesaving devices positioned by the pool? ☐ Yes ☐ No
8. Do you operate internationally? ☐ Yes ☐ No
9. Do you do overnight trips with children 18 & under? ☐ Yes ☐ No
10. Do you use sub-contractors? ☐ Yes ☐ No
11. Do you host or sponsor events such as: Mud Runs, Urbanathlon, Warrior Dash, Extreme Challenge, or anything similar in exposure? ☐ Yes ☐ No
12. Do you lease or contract your property for events such as Mud Runs, Urbanathlon, Warrior Dash, Extreme Challenge, or anything similar in exposure? ☐ Yes ☐ No
- If yes, do you require a Certificate of Insurance naming you as Additional Insured? ☐ Yes ☐ No
- Are minimum Liability Limits required? ☐ Yes ☐ No
- Do you require coverage to be shown for both General Liability and for Participant Legal Liability?
☐ Yes ☐ No
13. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? ☐ Yes ☐ No
14. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? ☐ Yes ☐ No
15. Does the course involve any mud obstacles? ☐ Yes ☐ No



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Section 5: Miscellaneous Information (continued)

16. Are all participants and a parent/guardian for minors (where applicable) required to sign an individual waiver/release form? ☐ Yes ☐ No

17. Are waiver/release forms kept on file for a minimum of seven years? ☐ Yes ☐ No

BELOW ANSWERS MUST BE ANSWERED IN FULL

1. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? ☐ Yes ☐ No

2. Including gross receipts, please describe:

Previous Carrier Information If any losses, give approximate dates and explanation of loss

COMPANY	POLICY #	PERIOD	PREMIUM	# OF CLAIMS	LOSSES

3. Were you cancelled or was insurance denied in last four years? ☐ Yes ☐ No

If yes, please explain:

Section 6: Guide Information

Name	Years Experience	Owner, Employee, or Independent Guided
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor

1. Have 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:

2. 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 (Parks Service, Forest Service, City, State, etc)? ☐ Yes ☐ No *This includes but is not limited to having you or a staff members' license(s) suspended or revoked.*



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Section 6: Guide Information (continued)

If yes to #2, please describe:

3. Please check all the following guide certifications that apply: ☐ First Aid Training ☐ CPR
☐ EMT ☐ Wilderness Training ☐ AMGA ☐ Swift Water Rescue Training

Please describe other applicable training/certifications:

4. Are the guides licensed for Guiding/Outfitting by the applicable authority? ☐ Yes ☐ No

If no, why not?

If no, please describe the type of training they receive:



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Section 7: Cyber Liability

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

2. Estimated annual number of payment card transactions

Section 8: 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.

Section 9: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

Please attach the following applicable documents along with your completed application:

- | | |
|--|--|
| <input type="checkbox"/> Copies of brochures. | <input type="checkbox"/> Copies of Waiver/Release forms. |
| <input type="checkbox"/> Most current financial statement. | <input type="checkbox"/> Four years loss runs including premium. |



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: