



Excursion Operator's Insurance Group - Application Form

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

6. DO YOU HAVE ANY SAFETY & LOSS CONTROL PROCEDURES?

PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:

- 1. Copy of waiver/release used for every excursion/tour.
2. Copies of your subcontractor's primary insurance certificates (if applicable).
3. Copy of your operations manual.
4. Company Brochure or description of excursion/tours offered.

Please answer all questions that apply to your operation.

TELL US ABOUT YOUR EMPLOYEES:

- Do you perform background checks? [ ] Yes [ ] No
Is there a training program for new employees? [ ] Yes [ ] No
Do you have continuous training on new equipment and/or procedures? [ ] Yes [ ] No
Are your employee's trained on CPR / Injury and/or medical emergency procedures? [ ] Yes [ ] No

TELL US ABOUT YOUR EXCURSION / TOUR PARTICIPANTS:

- Do your guests receive instruction and safety briefing prior to activity: [ ] Yes [ ] No
Are there any participation requirements enforced for high risk activities: [ ] Yes [ ] No
Do your guests sign Waivers and/or Hold Harmless Release(s): [ ] Yes [ ] No

TELL US ABOUT YOUR EQUIPMENT:

- Do you follow Manufacturer's instructions on proper use and maintenance of equipment: [ ] Yes [ ] No [ ] N/A
Are there routine safety inspections prior to use of equipment: [ ] Yes [ ] No [ ] N/A

FOOD / LIQUOR:

FOOD / BEVERAGE: [ ] NONE [ ] Participants bring their own [ ] Included [ ] Sold separately

If included or sold, who is responsible for preparing the food: \_\_\_\_\_

Does your local insurance policy provide coverage for serving or selling food: [ ] Yes [ ] No [ ] Don't know

ALCOHOL: [ ] NONE [ ] Participants bring their own [ ] Included [ ] Sold separately

If Yes, type of alcohol: [ ] Beer [ ] Wine [ ] Wine Coolers [ ] Mixed Drinks

At what point of the excursion/tour: [ ] Before [ ] During [ ] After

Do employees monitor the consumption of alcohol by participants: [ ] Yes [ ] No

Do employees check the persons identification before serving or selling alcohol beverages: [ ] Yes [ ] No

Is there a limit placed on the quantity of alcoholic beverages served and/or sold per person: [ ] Yes [ ] No

Are rules and regulations concerning alcohol consumption clearly displayed for participants viewing: [ ] Yes [ ] No

Does your local insurance policy provide coverage for serving or selling alcoholic beverages: [ ] Yes [ ] No [ ] Don't know

SUB-CONTRACTORS - If none used check here [ ]

Do you have qualification requirements in place for the use of sub-contractors: [ ] Yes [ ] No

Are background checks completed on sub-contractors before using their services: [ ] Yes [ ] No

Do you verify sub-contractor's insurance coverage: [ ] Yes [ ] No

Do you require a certificate of insurance naming you as an additional insured on sub-contractor's policy(ies): [ ] Yes [ ] No

Do you verify that sub-contractor's insurance is maintained and request renewal certificate of insurance yearly: [ ] Yes [ ] No

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### 7. PLEASE LIST ALL OF YOUR EXCURSION / TOUR INFORMATION AS A % OF YOUR BUSINESS

Indicate all the excursions/tours you offer and the % that it represents of your TOTAL GROSS SALES:

Aerial Tram	% _____	Nature Tours	% _____
Aqua Trampolines	% _____	Party Cruises	% _____
ATV's	% _____	Pirate Ship Tours	% _____
Banana Boats	% _____	Rafting	% _____
Beach Equipment Rental	% _____	Rock Climbing	% _____
Beach Tours	% _____	Sailing	% _____
Biking	% _____	Scooters	% _____
Bird Watching	% _____	Segway	% _____
Boat Rentals (Motorized)	% _____	Sightseeing Tours - Land	% _____
Bobsled	% _____	Sightseeing Tours - Water	% _____
Canopy & Zipline	% _____	Snorkeling	% _____
Carriage Rides	% _____	Snuba	% _____
Camel Rides	% _____	Spear fishing	% _____
Cave / River Tubing	% _____	Sunset Cruises	% _____
Culinary Tours	% _____	Surfing / Paddleboarding	% _____
Cultural / Historical Tours	% _____	Swim with Dolphins / Stingrays	% _____
Deep Sea Fishing	% _____	Transportation Transfers by Land	% _____
Duck Tours	% _____	Transportation Transfers by Water	% _____
Dune Buggies	% _____	Train Tours	% _____
Golfing	% _____	Trolley Rides	% _____
Hiking	% _____	Walking Tours	% _____
Horseback Riding	% _____	Water Parks	% _____
Jeep / Rhino	% _____	Waterskiing / Wake Boarding	% _____
Jetvators	% _____	Zorbing	% _____
Kayaking/Canoeing	% _____	Other: _____	% _____
Lift Chair	% _____	Other: _____	% _____
Mini-Submarines	% _____	Other: _____	% _____
Museum Tours	% _____	Other: _____	% _____

**\* TOTAL % OF GROSS SALES\* ABOVE %'s MUST ADD UP TO 100 %**

Do you sub-contract any of the activities noted above?  Yes  No If Yes, Please provide the following information:

Activity: _____ % _____	Activity: _____ % _____
Activity: _____ % _____	Activity: _____ % _____
Activity: _____ % _____	Activity: _____ % _____
Activity: _____ % _____	Activity: _____ % _____
Activity: _____ % _____	Activity: _____ % _____
Activity: _____ % _____	Activity: _____ % _____

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### 8. WHAT COVERAGE DO YOU REQUIRE FOR YOUR EXCURSION / TOUR OPERATION?

Please complete the sections of coverage that you are requesting:

#### CONTINGENT GENERAL LIABILITY:

What Limit of Liability do you need:     \$ 1,000,000     \$ 2,000,000     \$ 5,000,000

Total Gross Sales for the last 12 months:    \$ \_\_\_\_\_    Total number of guests for the last 12 months:    \_\_\_\_\_

Total Estimated Gross Sales for the next 12 months:    \$ \_\_\_\_\_    Total Estimated number of guests for the next 12 months:    \_\_\_\_\_

If food, beverage and/or liquor is served as part of the excursion/tour or sold separately, please complete the section that applies:

NONE OFFERED                       INCLUDED AS PART OF TOUR/EXCURSION                       SOLD SEPARATELY - Gross Receipts/Sales:

Food / Beverage                      Food / Beverage: \$ \_\_\_\_\_

Liquor    Liquor: \$ \_\_\_\_\_

#### CONTINGENT AUTOMOBILE LIABILITY:

What Limit of Liability do you need:     \$ 1,000,000     \$ 2,000,000     \$ 5,000,000

Of the total number of estimated guests, how many will be transported by automobile: \_\_\_\_\_

Automobile(s) are:  Owned     Non-owned    Please provide details of the automobile(s) used. Use separate sheet, if necessary.

TYPE (Bus, Automobile, etc.)	MAKE/MODEL	# OF UNITS	YEAR	DAILY AVG MILES	PASSENGER CAPACITY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### CONTINGENT WATERCRAFT LIABILITY:

What Limit of Liability do you need:     \$ 1,000,000     \$ 2,000,000     \$ 5,000,000

Of the total number of estimated guests, how many will be transported by watercraft: \_\_\_\_\_

Vessel(s) are:  Owned     Non-owned    Please provide details of the watercraft(s) used. Use separate sheet, if necessary.

TYPE	MAKE/MODEL	# OF UNITS	LNGT (ft)	YEAR	DAILY AVG MILES	PASSENGER CAPACITY
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

THIS INSURANCE IS PROPOSED ON A NON-ADMITTED BASIS IN THE COVERAGE TERRITORY. IT MAY NOT BE USED TO SATISFY ANY COMPULSORY OR LEGALLY REQUIRED INSURANCE IN ANY JURISDICTION. WHERE NON-ADMITTED INSURANCE IS PROHIBITED BY LAW OR OTHERWISE, THIS INSURANCE WILL BE HANDLED ON AN INDEMNIFICATION BASIS.

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Application