



OUTDOOR SPORTS AND RECREATION INSURANCE PROGRAM
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GUIDES/OUTFITTERS SUPPLEMENTAL APPLICATION
 Complete in addition to OSAR Supplemental Application & Acord Applications

INSURED INFORMATION

Named Insured:
 DBA:

REVENUE FROM GUIDE/OUTFITTING OPERATIONS:

1. CURRENT YEAR: _____ PRIOR YEAR: _____ PROJECTED: _____
2. Does Applicant require guests to sign a liability waiver? Yes No (ATTACH COPY)
3. Does Applicant hire guides as sub-contractors? Yes No
 If yes, for what activities?
4. Does Applicant's hired guides/outfitters provide Evidence of Insurance, in favor insured applicant?
 Yes No
5. **Check the months in which the outfitter/guide business operates:**

	JAN		FEB		MAR		APR
	MAY		JUN		JULY		AUG
	SEPT		OCT		NOV		DEC

6. What is the maximum guide to guest ratio? Guides _____ Guests _____
7. What is the maximum number of participants at any one time?
8. Do guides carry any communication device with them (2-way radio, cell phone, etc.)? If yes, please explain what type:
9. Does Applicant provide a written safety manual of procedures to all staff members?
 Yes No

10. What percentage of the following enhancements does applicant provide?

WITH GUIDES/SUPERVISION	WITHOUT GUIDES/SUPERVISION	ENHANCEMENT
		Trails/hikes
		Climbing/rappelling/zip lines
		Canoes/kayaks/paddle boats
		Motorized boats (electric or fuel)
		Cross country skiing
		Trapping
		Fishing
		Hunting animals
		Retrieval animals

