



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 |

