



Mid Valley General Agency LLC  
 888 Madison St NE, Ste 100, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
[quotes@midvalleyga.com](mailto:quotes@midvalleyga.com)

**OUTFITTERS AND GUIDES PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Description of operations:** \_\_\_\_\_  
 \_\_\_\_\_

2. **Errors and Omissions (E&O) Coverage** (available up to General Liability Limits): Each Claim: \$ \_\_\_\_\_  
 Aggregate: \$ \_\_\_\_\_

3. **Type of license (if applicable):** \_\_\_\_\_

4. **Applicant's prior experience:** \_\_\_\_\_

5. **Does applicant's operation involve any of the following:**

- Aircraft exposures?.....  Yes  No
- Unmanned aircraft systems (drones)? .....  Yes  No
- ATVs/UTVs tours?.....  Yes  No
- ATVs/UTVs hourly/daily rentals?.....  Yes  No
- ATVs/UTVs provided by applicant and used for hunting/fishing trips?.....  Yes  No
- If yes: Number of ATVs/UTVs:..... \_\_\_\_\_
- Bicycle tours using public roads? .....  Yes  No
- Boats?.....  Yes  No
- If yes: Number of canoes, kayaks and rowboats: ..... \_\_\_\_\_
- Number of rafts:..... \_\_\_\_\_
- Number of motorized watercrafts:..... \_\_\_\_\_
- Number of boats over twenty-six (26) feet: ..... \_\_\_\_\_
- Number of boats over 150 hp: ..... \_\_\_\_\_
- Does applicant provide each boat passenger with a U.S. Coast Guard approved personal flotation device?.....  Yes  No
- Deep sea fishing?.....  Yes  No

- Dogsleds? .....  Yes  No
- Downhill skiing? .....  Yes  No
- Firearms or ammunition provided by applicant? .....  Yes  No
- Guides? .....  Yes  No
- If yes: Number of Backpacking: ..... \_\_\_\_\_
- Number of Cross-Country Skiing: ..... \_\_\_\_\_
- Number of Hiking: ..... \_\_\_\_\_
- Number of Kayaking: ..... \_\_\_\_\_
- Number of Fishing: ..... \_\_\_\_\_
- Number of Hunting: ..... \_\_\_\_\_
- Number of Combo Hunting/Fishing: ..... \_\_\_\_\_
- Inner tube rentals? .....  Yes  No
- Lodging or Cabins? .....  Yes  No
- If yes: Number of beds: ..... \_\_\_\_\_
- Description of lodging provided: \_\_\_\_\_
- Swimming pool provided? .....  Yes  No
- Marijuana/Cannabis tours? .....  Yes  No
- Outfitting/without Guides? .....  Yes  No
- If yes: Retail sale of equipment gross receipts: ..... \_\_\_\_\_
- Rental of equipment gross receipts: ..... \_\_\_\_\_
- Pack animals used for hunting/fishing trips? .....  Yes  No
- If yes: Number of animals: ..... \_\_\_\_\_
- Paddle boards used on rivers or streams? .....  Yes  No
- Rock climbing or rappelling? .....  Yes  No
- Saddle animals? .....  Yes  No
- If yes: Number of saddle animals used for hunting/fishing trips: ..... \_\_\_\_\_
- Guided saddle animal trail rides? .....  Yes  No
- Are helmets required? .....  Yes  No
- Unguided saddle animal trail rides? .....  Yes  No
- Horse rental? .....  Yes  No
- Horse training or riding instructions? .....  Yes  No
- Sleigh, buggy or hay rides? .....  Yes  No
- Snowmobiles provided by applicant? .....  Yes  No
- If yes: Number of snowmobiles: ..... \_\_\_\_\_
- Segways used by customers? .....  Yes  No
- Tree stands provided by applicant? .....  Yes  No
- White water exposures (Class III and above)? .....  Yes  No
- Other (Specify): \_\_\_\_\_

**6. For hunting guide services:**

- Do all hunters have a valid hunting license and comply with all federal and state hunting laws? .....  Yes  No
- Are minors accompanied by parent/guardian at all times? .....  Yes  No
- Are areas where the Guide takes his clients to hunt away from populated locations? .....  Yes  No

**7. Minimum age requirement:** .....

**8. Are hold-harmless agreements/waivers obtained from all participants?** .....  Yes  No

If yes, attach sample.

**9. Are all rules and safety guidelines provided to participants?** .....  Yes  No

10. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No  
If yes, describe: \_\_\_\_\_

11. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**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 us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.