

Melissa Braun | www.globalinsaz.com
 10909 E. Southwind Lane Scottsdale, AZ 85262
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SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured: _____
 Principal Contact: _____
 Mailing Street Address: _____
 Mailing City: _____ State: _____ Zip: _____
 Location Street Address: _____
 Location City: _____ County: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Effective Date: _____ Website: www. _____
 Business Type: Corporation Partnership Individual LLC Other: _____
 Limit of Liability requested: \$ 300,000 Occurrence
 \$ 500,000 Occurrence
 \$1,000,000 Occurrence

1. Do you operate any other business from this location? Yes No
 (List information below for each business, use a separate sheet to list information if necessary)
 If yes, type of entity: Corporation Partnership Individual LLC Other _____
 Description of business: _____

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY: Global Insurance Alliance, Inc.
 CONTACT: Melissa Braun
 ADDRESS: 10909 E. Southwind Lane Scottsdale, AZ 85262
 TELEPHONE: 480-816-5665 FAX: 480-837-5641
 E-MAIL: Melissa@GlobalinsAZ.com

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

ACTIVITY INFORMATION

Actual Total Receipts for Prior 12 Months:				\$
Estimated Total Receipts for Next 12 Months:				\$
Activities Conducted	# of Guides	# of Units	User Days	Revenues
Guided Fishing				\$
Hunting				\$
Shooting Range – Rifle or Pistol				\$
Hiking / Backpacking				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Lodging / Cabin Rentals				\$
Retail Store				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Road Cycling				\$
Boating				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Sea Kayak Tours /Rentals				\$
Waterskiing				\$
Whitewater Rafting				\$
SCUBA Diving				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
Snowshoeing				\$
ATV-guided				\$
ATV-unguided				\$
Snowmobiles-guided				\$
Snowmobiles-unguided				\$
Climbing Wall				\$
Rock Climbing				\$
Paintball				\$
Youth Camps or Programs				\$
Other, describe:				\$

OPERATIONS INFORMATION

1. Do you require guests to sign a liability waiver? Yes No
2. Do you require guests to complete a health & physical fitness form? Yes No
3. Do you have a brochure or web page? Yes No
4. How many years have you been in business? _____ Years
5. If you are a new venture, how many years of prior experience? _____ Years
6. Are any operations conducted outside of the United States? Yes No
7. Do you hire guides as sub-contractors? Yes No
 If yes, for what activities? _____
8. Is your business operational year round? Yes No
 If no, number of months you are operational? _____ Months

GUIDE INFORMATION

Name	Age	Years Experience	First Aid Qualifications

LODGING SECTION N/A

Guest Quarters

- Total number of units for guest rental? _____
- Number of RV spaces: _____ Tent sites: _____
- Maximum guest capacity is: _____
- Do all cabins / units have smoke alarms? Yes No
- Do you have a swimming pool or swimming area? Yes No
If yes, do you have a diving board? Yes No
- Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** Yes No

RETAIL OPERATIONS N/A

- Do you have retail operations for any of the following?
 General Store Ski Equipment Sales Fishing Equipment Sales
 Liquor Store Ski Equipment Rental Fishing Equipment Rental
 Gun Sales Restaurant
- What are your total gross sales from retail operations? \$ _____

HUNTING SECTION N/A

- What is the maximum guide to guest ratio? Guides to _____ Guests _____
- What is the maximum number of hunters at any one time? _____
- Do you operate drop camps? Yes No
- Is livestock provided with drop camps? Yes No
- What percentage of your hunting operations are unguided? _____ %
- What type of game is being hunted?
 Elk Deer Exotics Bear Turkey
 Waterfowl Upland Birds Hogs Other, describe: _____
- Are Tree Stands used? Yes No
If yes, are safety harnesses required? Yes No
- Do you use any of the following to transport hunters? If yes, how many?
 ATVs: _____
 Horses: _____
 Snowmobiles: _____
 Boats: _____
 Other Unlicensed Vehicles: _____
- If ATVs and/or Snowmobiles are used, are helmets required while riding? Yes No

BICYCLE SECTION N/A**Tour Information**

- Maximum number of cyclists on a tour? _____
- Maximum number of tours operating on the same day? _____
- Number of guides on a tour? _____
- Are helmets required? Yes No
- What is the percentage of tours operated: Off Road _____% vs. On Roadways _____%
- Do you pre-screen guests to determine ability prior to riding? Yes No
- Do guides carry any communication device with them? (2-way radio, cell phone, etc.) Yes No
If yes, what type? _____

WATERCRAFT LIABILITY SECTION N/A**Boat Schedule** *if necessary use another sheet of paper*

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

WATERCRAFT GENERAL INFORMATION

- What type of operation do you have?
 Boat Rentals Fishing Trips Tube or Canoe Rentals Hunting Other: _____
- On what bodies of water does use take place?
 Rivers Lakes Ocean Bays / Inlets
- If rivers, what classes are boated:
 Class I Class II Class III Class IV Class V
- Are life vests (PFD's) required? Yes No
- Are life vests (PFD's) provided? Yes No

CANOE, KAYAK, AND / OR RIVER TUBING INFORMATION N/A

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

- What percent of your operations are unguided? _____ %
- Number of guides? _____

EQUINE SECTION N/A**Ride Information**

- Total number of horses available for guest riding? _____
- Maximum number of horses in use for guest riding at any one time? _____
- Average number of horses in use for guest riding at any one time? _____
- What is the youngest rider you will allow on a horse? _____ Years Old
- Do you offer the use of helmets? Yes No
- Do you ever allow double riding? Yes No
- What percentage of your guests ride: Western Saddle? _____% vs. English Saddle? _____%
- What percentage of your horse operations are: Unguided? _____% vs. Guided? _____%
- What is the maximum guide to guest ratio? Guides to _____ Guests _____
- Do you operate pony rides? Yes No
If yes: Trail Ride Riding Ring Hand Led Other(describe): _____

GUEST & SAFETY INFORMATION

1. Do you require guests to complete a physical fitness information form prior to riding? Yes No
2. Do you pre-screen guest riders and determine ability prior to riding? Yes No
3. Do guides carry any communication device with them (2-way radio, cell phone, etc.?) Yes No
4. Do you conduct a pre-ride safety briefing with guests? Yes No
5. Do you provide a written safety manual of procedures to all staff members? Yes No

If yes, provide a copy.

6. List reasons why you would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

7. Do you board horses for a fee? Yes No
If yes, how many? _____

8. Do you teach or allow your guest to participate in:

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Cattle Drives | <input type="checkbox"/> Inoculations | <input type="checkbox"/> Barrel Racing |
| <input type="checkbox"/> Horse Jumping | <input type="checkbox"/> Team Penning | <input type="checkbox"/> Sleigh Rides | <input type="checkbox"/> Branding Cattle |
| <input type="checkbox"/> Horse Racing | <input type="checkbox"/> Roping Cattle | <input type="checkbox"/> Hay Rides | <input type="checkbox"/> Handling Livestock |
| <input type="checkbox"/> Buckboard / Buggy Rides | | | |

9. Are guests allowed to handle, rope or brand livestock? Yes No

10. If you conduct cattle drives, what is the number of: _____
Wranglers _____ to Riders _____ Maximum Duration: _____ Maximum Distance: _____

11. If your ranch conducts a Rodeo/Gymkana, describe what activities your guests may participate in:

LOSS HISTORY

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes No
If yes, please describe:

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title

(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR CEO)

Signature

Date

Produced By: (Section to be completed by Producer/Broker)

Melissa Braun

Producer

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