

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

1. Total number of guides: _____ (If more than ten guides, please indicate on a separate piece of paper.)

2. Name of Guide (Include Owners)	Date of Birth	Years Experience	Employee or Independent Guide?
			<input type="checkbox"/> Owner <input type="checkbox"/> Employee or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner <input type="checkbox"/> Employee or <input type="checkbox"/> Independent Guide*
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			<input type="checkbox"/> Owner <input type="checkbox"/> Employee or <input type="checkbox"/> Independent Guide*
			<input type="checkbox"/> Owner <input type="checkbox"/> Employee or <input type="checkbox"/> Independent Guide*

***Independent Guides must provide certificate of insurance or be added to this policy.**

3. a. Has any guide been involved in an incident which resulted in serious injury or death? Yes No

b. If yes, provide detailed description on a separate sheet of paper.

4. Have guides completed: First Aid Training, CPR, EMT Training, Wilderness Training, Other: _____ Yes No

5. a. Have guides completed any other safety classes or education? Yes No

b. If yes, describe: _____

6. Are guides licensed and certified for Outfitting? Yes No

7. a. Are new guides' references checked? Yes No

b. If yes, describe types of references checked: _____

8. Are guides bonded? Yes No

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____