



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

MUSIC Guides and Outfitters Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

States of Operation _____ Applicant is:

Years of Experience _____ years

Individual

Joint Venture

Years doing business under current name _____ years

Corporation

LLC

Partnership

Other

Limits of Liability Requested

| | |
|---|--------------------------|
| Each Occurrence | \$ |
| Personal & Advertising Injury | \$ |
| Products & Completed Operations Aggregate | \$ |
| General Aggregate | \$ |
| Fire Legal (any one premise) | \$ |
| Medical Expense (any 1 person) | \$ |
| Other Coverages, Restrictions, or Endorsements requested: | |
| Deductible | \$ BI/PD per Claim - LAE |

Description of Operations _____

Nature of Guided Operations (Please check all that apply)

- Hunting
- Fishing
- Backpacking
- Downhill Skiing
- ATV or Snowmobiling
- Big Game Hunting
- Cross Country Skiing
- Horse Riding
- White Water Rafting
- Rappelling or rock climbing
- Bicycle or motorcycle tours
- Jeep or Hummer tours



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- Inner Tube Rental Canoeing or Kayaking Hiking
- Aviation Exposure Dude Ranches Other: _____

Please list all equipment provided on the tours: _____

Are all guides licensed and certified and in compliance with state regulations? Yes No

Are all safety precautions and procedures in place? Yes No

Are all guides over the age of 18? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Account Revenue Projections and History

| Year | Payroll | Gross Receipts | Sub-Contracted Cost (Incl Cost of Materials) |
|----------------|---------|----------------|--|
| Next 12 Months | | | |
| Prior Year | | | |
| Prior Year | | | |

Prior Carrier Information

| | Year: | Year: | Year: | Year: | Year: |
|--------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Premium | | | | | |
| Deductible | | | | | |
| Premium Base | | | | | |

Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _