

OUTDOOR EDUCATOR INSURANCE APPLICATION

Applicant DBA: _____

Proposed effective date: ____ / ____ / ____ Number of years in business: _____

(If less than two years provide prior experience.)

Mailing address: _____ City: _____ State: ____ ZIP: _____

Street address: _____ City: _____ State: ____ ZIP: _____

Contact person: _____ Phone: _____ Fax: _____

E-mail: _____ Web address: _____

Current insurer: _____ Policy expiration date: _____

Total premium all coverages: \$ _____

Have you ever had your insurance canceled or not renewed? Yes No

GENERAL INFORMATION:

Briefly describe the organization and its programs: _____

Do you have any international operations? _____

Membership annual revenue \$ _____ Field school annual rev \$ _____

Retail annual revenue \$ _____ Fundraising annual rev \$ _____

Annual payroll \$ _____ Total annual revenue \$ _____

Do you have a written safety program that is implemented and enforced at your company? Yes No

If yes, please describe what it entails: _____

OUTDOOR EDUCATORS INSURANCE PROGRAM



888.846.3670 | www.pfg-insurance.com

PROPERTY COVERAGE: NA

Buildings: Address: _____

Value: _____ Sq. ft.: _____ Year built: _____ Occupancy: _____

If more than one building please attach information on a separate page.

Contents: Address: _____

Value: _____

If more than one location please attach information on a separate page.

Inventory: Address: _____

Annual value: _____ Avg.: _____ Value peak season: _____

If more than one location please attach information on a separate page.

Equipment (scopes, rafts): Value: _____

Additional property information: _____

RETAIL/BOOKSTORE: NA

Please list products sold: _____

Total value of largest annual inventory: _____

Largest inventory months: _____

Do you publish your own materials? Yes No

Do you publish materials for others for a fee? Yes No

VOLUNTEERS: NA

How many volunteers do you work with annually? _____

What are your volunteers' job responsibilities? _____

Do you allow volunteers to drive? Yes No

Do volunteers transport participants? Yes No

FIELD PROGRAMS/ACTIVITIES: NA

Describe the organization's outdoor programs: _____

Please indicate which activities, if any, you provide:

- | | | | |
|--------------------------|--|--------------------------|--|
| Hunting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ropes Course | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rock Climbing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Orienteering | <input type="checkbox"/> Yes <input type="checkbox"/> No | Canoeing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kayaking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Snow Skiing/Boarding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Motor Boats | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mountain Biking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equestrian | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hiking/Backpacking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Technical Mountaineering | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ice Climbing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rafting > Class 3 rapids | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rafting < Class 3 rapids | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you require certificates from all subcontractors? Yes No

What liability limits do you require? _____

If you have instructors are they employees or subcontractors? _____

Do you employ any certified personal (*WFR, EMT, WEMT, etc.*)? Yes No *If yes, list designations:* _____

Are employees/volunteers first aid certified? Yes No

Do you require institute participants to sign a liability waiver? Yes No

Do you require institute participants to complete a health & physical fitness form? Yes No

What is the longest duration field institute? _____

What is the participant-to-guide ratio? _____

What communication devices are carried by guides (*2-way radio, sat. phone, cell phone, etc.*)? _____

Do instructors carry tazers, mace, firearms? Yes No *If yes, please describe:* _____

Describe the wildlife safety procedures including food storage and handling while in the backcountry:

Are instructions given to clientele regarding close encounters with wildlife? Yes No

If yes, briefly describe: _____

Do you provide lodging? Yes No *If yes, do they contain hard-wired smoke detectors and fire extinguishers?* Yes No

Do you access land owned by other organizations? (*Forest service land, wilderness acres, BLM, privately owned, etc.*) Yes No *If yes, is formal permission given for use?* Yes No

Field Student Days

What is the age range of your clientele? _____ What is the average age of your clientele? _____

Total **program days** for this coming year: _____ **Total students** in all programs for this coming year: _____

Program days x students = Total student days: _____

AUTO COVERAGE: NA

Do you transport participants? Yes No Do volunteers drive? Explain: _____

Do you obtain Department of Motor Vehicle Reports on all drivers? Yes No How often? _____

Do you conduct driver safety training? Yes No Explain: _____

Do you have a maintenance program for all vehicles? Yes No Explain: _____

SEXUAL MISCONDUCT COVERAGE: NA

Does your current insurance program include Abuse and Molestation Coverage? Yes No

If yes, what are the limits? _____

Does your employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses? Yes No

Do you have a written crisis plan in place for dealing with employees, victims, parents, authorities and the media if you have an incident of abuse? Yes No

Are there written complaint procedures and are they displayed prominently? Yes No

If yes, explain: _____

Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No

Are formal written procedures in place for hiring? Yes No

Do volunteers work directly with clients? Yes No

Are there procedures prohibiting closed-door one-on-one interactions with clients? Yes No

Have any incidents resulted in an allegation of sexual abuse? Yes No *If yes, was the case settled?* Yes No

Was the case taken to trial? Yes No *If yes, what was the amount paid for damages to the victim:* \$ _____

Do you run criminal background checks? Employees: Yes No Volunteers: Yes No

Signature: _____ Title: _____ Date: _____

Other needed documents

- | | |
|--|---|
| 1. Copy of most current program catalog (<i>if applicable</i>) | 5. Copy of current insurance contract for gap review analysis |
| 2. Copy of safety plan | 6. Copy of all subcontract and lease agreements |
| 3. Copy of medical waivers | 7. Copy of equipment maintenance logs |
| 4. Copy of vehicle list and driver list (<i>if applicable</i>) | |