



Hub International Phoenix Insurance Brokers
Drayton Valley Office Box 5296, Drayton Valley, AB T7A 1R4
Phone: (780) 542-3968 / 1-877-542-3968 * Fax (780) 542-7775
www.hubinternational.com

OUTFITTER LIABILITY QUESTIONNAIRE (2017/2018 Policy Term)

*Please return the completed Questionnaire & Premium Worksheet to our office along with your Payment as these documents **MUST** be received before a Certificate of Insurance will be issued.*

NAME _____ OF _____ COMPANY: _____

NAME OF _____ LICENSED _____ OUTFITTER/GUIDE: _____

MAILING ADDRESS: _____

LEGAL ADDRESS (not Box Numbers): _____

PHONE: _____ CELL: _____ EMAIL: _____

ANY SUBSIDIARY COMPANIES: _____

APPLICANT IS A: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other: _____

NAME OF ALL OWNERS OF OPERATION: _____

NUMBER OF CLIENTS TAKEN: Estimated for 2017: _____ Last year (2016): _____ In 2015: _____

OUTFITTING OPERATIONS INCLUDE: **Big Game** Yes ☐ No ☐ **Bird Game** Yes ☐ No ☐ **Fishing** Yes ☐ No ☐

Are there any Non-Outfitting Revenues? ☐ Yes ☐ No IF YES, Please provides details in Remarks section below:

Do you do any Outfitting outside your home Province: ☐ Yes ☐ No IF YES, Details: _____

Do you have a website: ☐ Yes ☐ No Website Address: _____

Do you have ALL clients sign Waivers & Contracts? ☐ Yes ☐ No do you keep them on file for 3 years? ☐ Yes ☐ No

If YES—

TRANSPORTATION OF CLIENTS:

How are clients transported to & from hunting areas? _____

Do you own or use horses in your Outfitting business? ☐ Yes ☐ No If YES: # of Horses : _____

Do you provide trail riding to the public? ☐ Yes ☐ No If YES – Annual Revenue from Trail Riding operation: \$ _____

DO YOU OPERATE ANY OF THE FOLLOWING IN CONJUNCTION WITH YOUR OUTFITTING BUSINESS:

A Restaurant, Store or sell Fuel to the public? ☐ Yes ☐ No Details: _____

Do you have a Liquor License? ☐ Yes ☐ No IF YES – Annual Revenues from Liquor Sales: \$ _____

A Lodge, Motel or Campground? ☐ Yes ☐ No IF YES – Revenues (excluding Outfitted related rentals): \$ _____

Any other operations? ☐ Yes ☐ No IF YES – Please provide details: _____

Remarks / Comments: _____

Please provide details of ALL losses in past 5 years: (IF NO CLAIMS IN PAST 5 YEARS - CHECK HERE ☐)

SIGNATURE: _____ Date: _____

PLEASE INCLUDE A COPY OF YOUR WAIVER & CONTRACT WHEN RETURNING FORMS TO OUR OFFICE.

Please return Questionnaire, Premium Worksheet, Copy of Waivers & Contact either by fax to (780) 542-7775, email to Michelle.Sheppard@hubinternational.com or mail to the address shown above.