

Thank you for trusting the AHLA with your Guide and Outfitter Insurance. If you have any questions while completing your application, please feel free to call us at 866-782-6330. We are open M-F 8:00 - 5:00 pm EST.

## Account/Insured Information

Business/Insured name:

Corporation  Partnership  Individual  LLC  Other

Tax ID (or SSN#)

Contact name:

Mailing address:

City:

State:

Zip code:

Phone number *with area code*:

Email address:

Website: *(facebook optional)*

Percent of hunting operations unguided.

*(anytime a guide is not with the guest during the hunt it is considered unguided)*

Maximum number of guests at any one time.

*(hunting, fishing, etc.)*

## Types of Operation

If other, please describe

Hunting  Fishing  Other

## Preliminary Questions

Yes No



Do you offer any of the following activities?

*(For example the following activities are NOT ELIGIBLE for this program)*



- White Water Rafting
- Mountain Climbing
- Parasailing
- Recreational atv tours
- Pleasure Tours
- Downhill Skiing
- Snowmobiles
- Horseback Riding
- Swimming/Snorkeling
- Eco Tours
- Taxidermy
- Dog Breeding

Yes No N/A



All operations are conducted within the United States?



If ATVs are used by clients/guests, are helmets required to be worn?




Are guests allowed to use their own ATVs?




Are ATVs used exclusively for transporting guests or in connection with guiding operation and NOT used for any other activities such as joy riding or trail riding?

\$1 Million (per occurrence)	Estimated Gross Income
\$695	Under \$50k
\$1040	Under \$75k
\$1,375	Under \$100k
\$1,730	Under \$125k
\$2,080	Under \$150k
\$2,445	Under \$175k
\$2,790	Under \$200k
\$3,145	Under \$225k
\$3,500	Under \$250k
\$14/1k	Over \$251k

Yes No N/A

- If tree stands are used, are safety harnesses required to be utilized?
- Do you use drop camps?
- If you transport guests, will guests be transported exclusively via trucks, cars, golf carts, ATVs, UTVs or boats? *(No horseback)*
- If boats and/or watercraft used, are they all less than 25 ft in length, less than 250 HP and no older than 10 years.
- Have guide or outfitter seeking coverage filed a claim for a covered loss in the last 36 months?
- Do you require a liability waiver or hold harmless agreement signed by each guest *(or legal guardian)* and kept on file?

*If you answer no, then if a waiver is not signed or cannot be produced in the event of a claim, coverage may be denied. AHLA provides an easy-to-use waiver for your use if you do not have one for no additional charge.*

What year was your business established?

## Choose Your Policy Term

Annual Master Policies start the 1st of every month, for next day coverage select current month. Please indicate which month you want coverage to begin.

Month\*

## Additional Insured

This section does not apply to me.

**Jointly Owned:** 2 or more individuals or entities own the same piece of property.

**Individually Owned:** 1 individual or entity solely own the whole property.

## Property Owner <sup>(\$35 per)</sup>

What is their interest?

First name:

Last name:

Mailing address:

City:

State:

Zip code:

Property State:

Property County:

Property Acres:

» This property is jointly owned by other individuals. To see more additional spots see 'page 5'.

## Watercraft Liability

This section does not apply to me.

Make and model:

Year: *(less than 10 years)*

Length: *(max 25 ft.)*

Motor HP: *(max 250)*

Type of motor:

Outboard  Inboard  Stern Drive  Jet Drive  No Motor

Guided?  Yes  No

On what bodies of water does the use take place?  Rivers  Lakes  Ocean  Bays/Inlets  Other

Names of water:

If rivers, what classes are boated?  Class I  Class II  Class III  Class IV  Class V

Are life vests required?  Yes  No Are life vests provided?  Yes  No

» See 'page 6' to add additional watercrafts.

## Guides Insured

All guides used are required to be listed. There is no additional charge to list guides.

I am the only guide

First Name:

Last Name:

Full-time employment

Age:

Years of Experience:

Part-time employment

First Aid  
Qualification:  Yes  No

» See 'page 7' to add additional guides.

## Guided Activities

You must completely fill out at least one of the guided activity categories below.

### Guided Hunting

# of days providing service

Receipts (\$)

### Guided Fishing

# of days providing service

Receipts (\$)

### Lodging/Cabin Rentals

# of days providing service

Receipts (\$)

## Affirmation

By typing my full name in the box below, I affirm that the information given on this application is true and accurate as of the date below. I also understand that premiums are 100% earned at time of purchase and agree to the AHLA's terms and conditions found at: <https://bit.ly/3Vr93fg>

Full name:  Date: (Month/Date/Year)

*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.*

## Payment information

Card number:

Expiration date:

Security code: (CVC)



## Billing information

First name:

Last name:

Billing address:

City:

State:

Zip code:

Paying by check? Please make check out to American Hunting Lease Association.

Please complete and return with payment to:

**American Hunting Lease Association**

**10412 Allisonville Rd. Ste 110 Fishers, IN 46038**

Email: [info@ahuntinglease.org](mailto:info@ahuntinglease.org)

Phone: (866) 782-6330



# Additional Property Owners If Needed

## Additional Property Owner (\$35 per)

What is their interest?

First name:

Last name:

Mailing address:

City:

State:

Zip code:

Property State:

Property County:

Property Acres:

## Additional Property Owner (\$35 per)

What is their interest?

First name:

Last name:

Mailing address:

City:

State:

Zip code:

Property State:

Property County:

Property Acres:

## Additional Property Owner (\$35 per)

What is their interest?

First name:

Last name:

Mailing address:

City:

State:

Zip code:

Property State:

Property County:

Property Acres:

## Additional Property Owner (\$35 per)

What is their interest?

First name:

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## Additional Watercraft Liability

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Year: *(less than 10 years)*

Length: *(max 25 ft.)*

Motor HP: *(max 250)*

Type of motor:

Outboard  Inboard  Stern Drive  Jet Drive  No Motor Guided?  Yes  No

On what bodies of water does the use take place?  Rivers  Lakes  Ocean  Bays/Inlets  Other

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First Name:

Last Name:

Full-time employment

Age:

Years of Experience:

First Aid  
Qualification:  Yes  No

Part-time employment

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Age:

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First Aid  
Qualification:  Yes  No

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