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Outfitter Guide Liability Questionnaire

DATE: _____ OUTFITTING ASSOCIATION MEMBER: YES NO _____

NAME OF APPLICANT & MAILING ADDRESS, INCLUDING ALL SUBSIDIARY COMPANIES:

APPLICANT IS A: Corporation Partnership Individual or Other

OUTFITTING OPERATIONS: Fishing Yes No Big Game Yes No Bird Game Yes No

DESCRIBE IN DETAIL THE OPERATIONS AND LOCATION OF YOUR OUTFITTING-HUNTING BUSINESS:

ANNUAL REVENUES \$ _____ NO. OF EMPLOYEES _____ NO. OF SUBCONTRACT GUIDES _____

ARE THERE ANY NON-OUTFITTING REVENUES? Yes No

IF YES, AMOUNT \$ _____. IF YES, EXPLAIN: _____

ANY OPERATIONS OUTSIDE NEW BRUNSWICK: Yes No If yes, explain:

DO YOU, THE APPLICANT HAVE ANY OPERATIONS IN THE U.S? Yes No If Yes, please explain:

DO YOU HAVE A WEBSITE: Yes No Website Address: _____

AUTOMOBILE LIABILITY

a) NUMBER OF UNITS OWNED/LEASED AND REGISTERED IN THE NAME OF THE APPLICANT THAT ARE LICENSED (PLATED):

Private Passenger: _____ Light Trucks: _____ Trailers: _____ ATV: _____ Snowmobiles: _____

Other: _____ Describe: _____

b) NUMBER OF UNITS OWNED/LEASED AND IN THE NAME OF THE APPLICANT THAT ARE NOT LICENSED:

Private Passenger: _____ Light Trucks: _____ Trailers: _____ ATV: _____ Snowmobiles: _____

Other: _____ Describe: _____

WATERCRAFT

LIST AND DESCRIBE ANY OWNED, NON-OWNED, LEASED OR CHARTERED WATERCRAFT:

IF YES PLEASE ATTACH SCHEDULE OF ALL WATERCRAFT, QUADS/ATV AND SNOWMOBILES.

PROVIDE DETAILS OF ALL LIABILITY INSURANCE CARRIED:

Type	Carrier	Liability Limit	Premium	Policy Expiry
Automobile				
Commercial General Liability				

Please attach copies of all insurance policies (if possible).

DESCRIBE IN DETAIL ALL LOSSES OCCURRING DURING THE PAST 5 YEARS:

(IF NO CLAIMS IN PAST 5 YEARS - CHECK HERE)

NOTES / OTHER COMMENTS: _____

Signature: _____ Date: _____