

TENNESSEE UNDERWRITERS INC.
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 Franklin, TN 37064

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Application for Guided Recreational Activities

(Please answer all questions. If questions do not apply, please state "N/A.")

Name of business _____

Telephone (____) _____

Principal contact _____

Mailing address _____

City _____ State _____ Zip _____

Internet Address _____

Location(s) of operations _____

Individual Partnership Corporation
 Years in Business _____

Operations are year round seasonal
 from _____ to _____

Indicate the maximum number of guides your operation
 had on any one day last year _____

Age and experience of all guides (minimum age is 21)

| Name | Age | Years of Experience | First Aid Training Completed? | |
|------|-----|---------------------|-------------------------------|----|
| | | | yes | no |
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Has any guide been involved in an incident which
 resulted in a death or serious injury? yes no

If yes, please give details _____

Proposed Effective Date _____

Limit of Liability Applied For _____

What percentage of your operation is on Forest Service,
 wilderness areas, or BLM land? _____

**It is a condition of coverage that a copy of your
 waiver/acknowledgement of risk form be submitted
 with this application. NO coverage will be provided
 unless this condition is met.**

The following information involves specific operations.
 Please read the information carefully and complete only
 those areas applicable.

| Operations | Guest Days | Gross Receipts |
|-----------------------------------|------------|----------------|
| Guided hunting | | |
| Guided fishing | | |
| Wagon/hayride/sleigh/ carriage | | |
| Mountaineering/rock climbing | | |
| Guided trail rides/livery | | |
| Cross-country skiing | | |
| Guided snowmobiling | | |
| Guided dog sled tours | | |
| Bike tours – hiking | | |
| Total operations | | |

Number of saddle animals/ATVs used on average in any
 one trip _____

Total number of horses owned _____
 leased _____

Number of pack animals used in any one trip _____

Number and type of boats used _____

| Facility | Units/Capacity | Annual Receipts |
|-------------------------------------|----------------|-----------------|
| Lodging-guest sleeping units/cabins | | |
| Restaurant | | |
| Snack bar | | |

Are restaurant and lodging receipts included in the operations section? yes no

Are these operations to be included under this policy if issued? yes no

| Water Facilities Provided | Number |
|---------------------------|--------|
| Pool | |
| Hot tub/spa | |
| Lake | |
| River | |

List all water SAFETY FEATURES, such as signs, fencing, equipment, lifeguards, precautions _____

Please briefly summarize your operation. (Attach any brochures or other advertising materials used by your organization.) _____

Completely describe any types of operations not covered above. _____

To what associations do you belong? _____

Has insurance ever been voluntarily surrendered by business/owner(s), partners or principal shareholders or have licenses been refused, suspended or revoked? yes no

If yes, explain fully. _____

Name and address of anyone requiring proof of insurance coverage; describe their relationship to your operation. _____

Has any similar insurance on behalf of the operation ever been cancelled, declined, or renewal refused? yes no

If yes, give particulars. _____

On a separate sheet list all CLAIMS or SUITS made against your liability insurance carrier over the past 5 years.

On a separate sheet list all CLAIMS made under any of your medical/accident policies over the past 5 years.

On a separate sheet list all CLAIMS made against you but not covered by insurance over the past 5 years.

Do you have knowledge of any incidents which may lead to a claim? yes no If yes, describe _____

The following requirements are conditions to receive a policy from Illinois R.B. Jones:

1. All riders must be accompanied by a guide with a ratio not to exceed 8 riders to 1 guide.
2. The guides must explain elementary riding safety, including how to control a runaway horse, and also check to ensure that the rider is physically and mentally fit to ride a horse.
3. All riders must be matched to horses according to aptitude, ability, and size. No sick horses or stallions may be ridden. There will be one rider per horse. The minimum age for riders is 6 years. Each rider must properly fit into his/her saddle and his/her feet must properly fit into the stirrups. Overweight

- and young riders must be carefully screened by the stable manager for ability to safely ride.
4. If a rider drops anything from a horse, the guide should pick it up.
 5. Experienced, gentle horses should be used. All horses must be saddled.
 6. The cinches and latigos must be in excellent condition.
 7. Gait should not exceed a trot.
 8. Minimum age to operate an ATV is 16 years of age or the manufacturer's recommended minimum age, whichever is greater.

Record of Insurance for the Past 3 years

| Insurance Carrier | Policy Period | Limits of Liability | Premium |
|-------------------|---------------|---------------------|---------|
| | | | |
| | | | |
| | | | |

I hereby make application to Illinois R.B. Jones for the insurance described above and warrant the above representations to be true. Furthermore, I understand that if this application is accepted by Illinois R.B. Jones in reliance upon the truth herein, OPERATIONS NOT LISTED AS PART OF THE BUSINESS WILL NOT BE COVERED. In addition, Illinois R.B. Jones may elect to exclude some operations which are listed.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date Signed _____ Insured's Signature _____

Insured's Title _____ Insured's Name, typed or printed _____