



**AMERICAN  
HUNTING LEASE  
ASSOCIATION**

**Guides & Outfitters Application**  
**Please Complete and Return with payment**  
**Email: info@ahuntinglease.org**  
**www.ahuntinglease.org/guides-and-outfitters**  
**Phone: 866-782-6330**

How did you hear about the American Hunting Lease Association? \_\_\_\_\_ Affiliate number: \_\_\_\_\_

**Policies start the 1st of every month, please write which month you need coverage to begin: \_\_\_\_\_**

Limits Of Liability	
<ul style="list-style-type: none"> <li>✓ \$1,000,000 Per Occurrence/\$2,000,000 Aggregate</li> <li>✓ 1,000,000 Bodily Injury/ Property Damage</li> <li>✓ 1,000,000 Personal Injury and Advertising Liability</li> </ul>	<ul style="list-style-type: none"> <li>✓ \$1,000,000 Products/Completed Operations</li> <li>✓ 100,000 Damage to Rented Premises</li> <li>✓ 5,000 Medical Payment</li> </ul>

**\*\* There must be a liability waiver or hold harmless agreement signed by each guest and kept on file\*\***  
**Once your policy is processed, you can create a custom AHLA Liability Waiver. (no charge)**

Qualifying Questions	
All operations are conducted within the US.	<input type="checkbox"/> Agree
If ATVs are used, helmets are required for coverage.	<input type="checkbox"/> Agree
If tree stands are used, safety harnesses are required for coverage.	<input type="checkbox"/> Agree
Drop camps are not covered under this policy.	<input type="checkbox"/> Agree
Guests will only be transported by ATVs, golf carts, trucks, cars or boats	<input type="checkbox"/> Agree
Boats/watercraft used are limited to 25 feet or less, 250 HP or less and not older than 10 years	<input type="checkbox"/> Agree
Guide or Outfitter seeking coverage has not filed a claim for a covered loss in the last 36 months.	<input type="checkbox"/> Agree
How many years have you been in business?	_____ Years
a. If less than 3 years, how many years of prior experience? Please provide prior experience on the last page of application.	_____ Years
The following activities are not eligible for this program:	<input type="checkbox"/> Agree
<ul style="list-style-type: none"> <li>• White Water Rafting</li> <li>• Mountain Climbing</li> <li>• Parasailing</li> <li>• Recreational ATV activities</li> <li>• Downhill Skiing</li> <li>• Cycling</li> </ul>	<ul style="list-style-type: none"> <li>• Swimming</li> <li>• Snowmobiles</li> <li>• Horseback Riding</li> <li>• Recreational Boating/Kayak/Canoe</li> <li>• Dog Sled tours</li> <li>• Hay, Sleigh or Wagon Rides</li> </ul>

Type of Operation	
<input type="checkbox"/> Hunting <input type="checkbox"/> Fishing <input type="checkbox"/> Boat Rentals <input type="checkbox"/> Water Tours <input type="checkbox"/> Other	
If other please describe: _____	



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Insured Information	
Business Name: _____	Tax ID#: _____
Contact Name: _____	
Mailing Address: _____	City: _____ State: _____ Zip Code: _____
Location Address (If Different): _____	
Telephone Work/Home: _____	Cell Phone: _____
Website: _____	
Email address: _____	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	

Additional Insured - \$35 Each <span style="float: right;">(Attach separate sheet if needed)</span>			
Name & Relationship to Company	Complete Mailing Address	Location of Property: State, County, Acreage	Email Address

Guide Section	
What is the maximum number of guests at any one time? (hunting & fishing, etc.)	_____ Guests
What percentage of your hunting operations are semi-guided?	_____ %

Guide Information <span style="float: right;">(Attach separate sheet if needed)</span>				
Guide name: _____	Age: _____	Yrs Exp: _____	First Aid Qualifications: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Guide name: _____	Age: _____	Yrs Exp: _____	First Aid Qualifications: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Guide name: _____	Age: _____	Yrs Exp: _____	First Aid Qualifications: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time



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Watercraft Liability Section						
Year <small>(less than 10 years old)</small>	Make & Model	Length <small>(25ft or less)</small>	HP <small>(250 HP or less)</small>	OB/IB/IO	# Pass	Guided
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of operation do you have? <input type="checkbox"/> Boat Rentals <input type="checkbox"/> Fishing Trips <input type="checkbox"/> Water Tours <input type="checkbox"/> Other, please describe _____						

Guided Activities			
Activities Permitted	# of Guides	# of Days Used	Receipts
Guided Fishing			\$
Guided Hunting			\$
Other: Please describe			\$
<b>Annual totals from activities listed above</b>			\$

**Notice to Applicants, by signing this application you agree:** 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, concerning any fact material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal and civil penalties.

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks payable to American Hunting Lease Association.**

Payment Details				
Please call us or visit our website for payment total.				
Credit/Debit Card Number:				
Expiration Date:				
CVC:				
Name as it appears on the card:				
Billing Address:				
City:		State:		Zip Code: