



**AMERICAN  
HUNTING LEASE  
ASSOCIATION**

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

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

| <b>Limits of Liability</b>  |   | <b>Master Policy Terms:</b>                                   |
|---|---|---|
|   |   | <b>July 1st—June 30th</b><br><b>January 1st—December 31st</b> |
| <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)

| <b>Qualifying Questions</b>  |   |
|--|---|
| 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 or watercraft used are limited to 19 feet and 30 HP or less  | <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?<br>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> |

| <b>Type of Operation</b>  |  |
|---|--|
| <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:<br>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:<br>_____   | Age: _____ | Yrs Exp: _____ | First Aid Qualifications:<br>_____ | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
| Guide name:<br>_____   | Age: _____ | Yrs Exp: _____ | First Aid Qualifications:<br>_____ | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
| Guide name:<br>_____   | Age: _____ | Yrs Exp: _____ | First Aid Qualifications:<br>_____ | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |



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| Watercraft Liability Section   |              |  |                                      |          |        |  |
|--|--------------|--|--------------------------------------|----------|--------|--|
| Year   | Make & Model | Length<br><small>(19 ft or less)</small> | HP<br><small>(30 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<br>_____ |              |  |                                      |          |        |  |

| 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: |