

2008 FOAM Liability Insurance Questionnaire

SIGN & SEND WITH PREMIUM PAYABLE TO: Montana International, Inc. PO BOX 3089 Butte MT 59702-3089

Business Name _____ Corporation Partnership Other _____

Applicant Name _____ Outfitter # _____ Guide # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # _____ E-mail _____ Website _____

- A. LIMITS:**
- \$1,000,000 limit per Outfitter or Guide for each liability event
 - \$2,000,000 yearly total liability limit per Outfitter or Guide for all liability events
 - \$2,500 client non-fault medical limit per event
 - \$5,000 client property damage liability limit per event
 - \$250 Deductible applied to all property damage events

B. ANNUAL RATES: PREMIUMS CANNOT BE PRO-RATED & ARE NON-REFUNDABLE

OUTFITTER

- | | RATE Calculation |
|---|------------------|
| 1. Basic liability insurance* \$330 | _____ |
| 2. Additional employee guide(s) # _____ x \$250 | _____ |
| * An outfitter shall have liability insurance in effect at all times during the license year; Montana Board of Outfitters Administrative Rules of Montana, 24.171.509 | |

GUIDE (Independent Contractor or IC)

- | | | |
|------------------------------|-------|-------|
| 1. Basic liability insurance | \$330 | _____ |
|------------------------------|-------|-------|

OPTIONAL COVERAGES

- | | | |
|--|-------|-------|
| 1. Bird Hunting | \$150 | _____ |
| 2. Big Game Hunting (non-horseback) | \$250 | _____ |
| 3. Power Boats | \$250 | _____ |
| <i>Note: An extra charge is required if boat is over 20 ft long or over 100 horsepower. Use motorized boat form.</i> | | |
| 4. Rental boats, non-motorized # _____ x \$75 | | _____ |
| 5. Additional Insureds (see Section C below) # _____ x \$50 | | _____ |

TOTAL Premium (MUST BE RECEIVED before a certificate can be issued) _____

C. ADDITIONAL INSURED:

Provide name & address of governmental agency or business you want as an additional insured to your policy. No charge for governmental entities as additional insureds; non-governmental entities cost \$50 as noted in rate section. Additional insureds will be sent proof of insurance listing them on your policy.

- | | |
|---|--|
| 1. Name: <u>Montana Board of Outfitters</u> | Address: Insurer has correct address for MBO |
| 2. Name: _____ | Address: _____ |
| 3. Name: _____ | Address: _____ |
| 4. Name: _____ | Address: _____ |

D. ACTIVITIES NOT COVERED: Please note new items 7 & 8

The FOAM liability insurance policy is intended to cover fishing operations and related services ONLY. If you provide any of the activities below and want coverage, they MUST be insured separately. Contact MII for details.

- | | |
|-----------------------------------|---|
| 1. Horseback or animal operations | 5. Guide or outfitter school |
| 2. Whitewater rafting | 6. Rental boats over 20 ft long and over 100 horsepower |
| 3. Retail or restaurant | 7. Saltwater fishing |
| 4. Lodging or campground | 8. Operations within the Bear Trap section of the Madison river |

E. USE OF CLIENT ACKNOWLEDGMENT OF RISK FORMS IS MANDATORY! SIGNED FORMS MUST BE AVAILABLE IN EVENT OF AN INSURANCE AUDIT OR CLAIM. PLEASE KEEP RISK FORMS FOR 3 YEARS AFTER CLIENT SIGNS.

F. The coverage information contained in this Liability Insurance Questionnaire is only a general description and is not a statement of contract. In the event of a claim, any coverage provided by the insurer is subject to the Terms, Conditions, and Exclusions in the actual policy.

Signature _____ Date _____

Your insurance coverage is effective upon payment of premium, payment of FOAM dues, and insurer approval.

Fred Wardinsky
Program Administrator
fwardinsky@pfgworld.com
406.457.2108 Direct Line
406.431.8677 Cell

Montana International Insurance
PO Box 3089 Butte MT 59702-3089
800.735.8257 Toll Free
406.494.8000 Butte
406.442.5360 Helena
406.431.8677 Evenings

Karen Driscoll
Administrative Assistant
kdriscoll@pfgworld.com
406.533.1022 Direct Line