

2013 FOAM LIABILITY INSURANCE QUESTIONNAIRE

Make insurance check payable to Bissell Agency.

Mail insurance questionnaire, insurance check, FOAM application, & FOAM check to:
FOAM, PO Box 67, Gal. Gtwy MT 59730

NOTE: BISSELL WILL ISSUE AND DATE POLICIES WITHIN 24 HOURS OF RECEIVING AN APPLICATION.

Business Name _____ Corporation Partnership Other

Applicant Name _____ Outfitter# _____ Guide# _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

INSURANCE 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
\$5,000 client non-fault medical limit per event
\$250 deductible for property damage/loss liability (client gear)

ANNUAL RATES (Premiums cannot be pro-rated. Refunds subject to agency discretion.)

		Rate Calculation	
<u>Outfitter</u>	\$300	_____	
<u>Guide</u>	\$300	_____	
Outfitter's Employee guide(s)	# _____ x \$150	_____	
<u>Optional Coverages</u>			
Bird hunting	\$200	_____	
Big Game hunting (non-horseback)	\$200	_____	
Motorized boats (any boat with motor)	\$107	_____	Use Optional Insurance form!
Rental boats, non-motorized	# _____ x \$75	_____	
<u>TOTAL Premium</u>	(MUST BE RECEIVED before certificate can be issued)	_____	

ADDITIONAL INSURED

Provide name & address of each governmental agency or business/individual you want as an additional insured (AI) on your policy. *Except for the Board of Outfitters, AI's will be sent an additional insured form listing them on your policy.*

OUTFITTERS automatically receive an AI for Montana Board of Outfitters, but are responsible for sending AI certificate to MBO!

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Use separate list for more names/addresses, please.

ACTIVITIES NOT COVERED UNDER POLICY:

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 additional coverage, the activity or activities MUST be insured separately. Contact Bissell Agency for more information.

- * Equine liability * Retail operations, including internet sales * Saltwater fishing or guiding
- * Lodging Operations * Whitewater rafting non involving guided fishing * Non-motorized boats over 26 ft. in length

* Outfitter/guide gear (boat, trailer, boat gear, rods, reels, flies, etc.) **Optional gear coverage available; Use Optional Insurance form.**

CLIENT ACKNOWLEDGEMENT OF RISK FORMS REQUIRED! Signed forms must be available in event of an insurance audit or claim.

Keep forms for 3 years after client signs. These signed forms augment Montana law regarding acknowledgement of risk.

The coverage information contained in this 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 Terms, Conditions, and Exclusions in actual policy. 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 material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal and civil penalties.

Signature _____ Date _____

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

Art Hoffart, CIC
(406) 586-6230, Ext. 1
(406) 580-6230 Cell

BISSELL INSURANCE AGENCY
4055 Valley Commons Drive, Unit A
Bozeman, MT 58718
800-815-6230

Aureila Ewan, Licensed Agent
800-815-6230, Ext. 2

2013 FOAM OPTIONAL INSURANCE COVERAGE QUESTIONNAIRE

For Use in addition to Basic Liability Insurance Coverage

MOTORIZED BOATS "Motorized" means any watercraft using a motor, either in-board or outboard.

Boats over 20ft or motors over 100 Horsepower: Call 406-586-6230 for approval. Covers commercial use only, not personal use.

Name _____

Business Name _____

Address _____ City _____ State _____ Zip _____

Describe usage: _____

Prior losses, if any _____

BOAT INFORMATION

<u>Year</u>	<u>Make/Model</u>	<u>Feet</u>	<u>HP</u>	<u>Inboard/Outboard</u>	<u>Top MPH</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

OPERATORS INFORMATION

<u>Name</u>	<u>Age</u>	<u>Drivers License #</u>	<u>Last 3 Years Accidents/Violations</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Has any operator ever received an alcohol violation or had their drivers license revoked? Check one: Yes No

If Yes, describe incident _____

NON-POWERBOAT or EQUIPMENT Covers commercial use only, not personal use.

Physical damage/theft coverage: **\$500 Deductible; Premium:** \$1.45 per \$100 of value (\$14.50 / \$1000) **No Minimum Premium**

	<u>Year/Make/Model</u>	<u>Serial Number</u>	<u>Current Value</u>
1. Boats	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. Trailers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3. Equipment	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Use additional sheet(s) to list required information for more boats, trailers, or equipment.

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4055 Valley Commons Drive, Unit A
Bozeman MT 59718
800-815-6230

Aurelia Ewan, Licensed Agent
800-815-6230, Ext.2