

2010 FOAM LIABILITY INSURANCE QUESTIONNAIRE

Make check payable to Bissell Agency. Mail insurance questionnaire, insurance check, FOAM application, FOAM payment to: FOAM, PO Box 67, Gal. Gtwy MT 59730

Business Name _____ Corporation Partnership Other

Applicant Name _____ Outfitter # _____ Guide # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

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
\$0 deductible for all property damage events

ANNUAL RATES Premiums cannot be pro-rated. Refunds subject to FOAM/agency guidelines.

<u>Outfitter</u>		Rate Calculation
Basic liability insurance	\$300	_____
Additional Employee guide(s)	# _____ x \$250	_____
<u>Guide</u> (Independent Contractor)		
Basic liability insurance	\$300	_____
<u>Optional Coverages</u>		
Bird hunting	\$150	_____
Big Game hunting (non-horseback)	\$200	_____
Powerboats: over 20ft long or over 100 HP	\$107	_____ Use Powerboat form!
Rental boats, non-motorized	# _____ x \$75	_____
<u>TOTAL Premium</u> (MUST BE RECEIVED before certificate 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 ONLY: Montana Board of Outfitters, 301 S. Park, PO Box 200513, Helena MT 59620-0513

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 info.

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

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
642 Cottonwood Road, Suite 2
Bozeman, MT 58718
800-815-6230

Holly Dyk
800-815-6230, Ext. 9