



Named Insured: _____

Principal Contact: _____

Mailing Street Address: _____

Mailing City: _____ State: _____ Zip: _____

Location Street Address: _____

Location City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Website: www. _____ Desired Effective Date: ____/____/____

Business Form: Corporation Partnership Individual LLC 501C

Are you a current member of World Paddle Association? Yes No

Are you a current member of PaddleFit? Yes No

PRIOR CARRIER INFORMATION:

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ACTIVITY INFORMATION:

Number of Guides Employed		# Guides
Number of SUP Boards Owned		# of Boards
Average # of SUP Boards Used at One Time		# of Boards
Surfboard Rentals	# of Boards	\$ Revenue
Sea Kayak Rentals	# of Kayaks	\$ Revenue
Yoga	# of Instructors	\$ Revenue
**Indicate yoga on land or water		
Retail Operations		\$ Revenue
Other, describe:		\$ Revenue

GROSS RECEIPTS INFORMATION:

Actual Total Receipts for Prior 12 Months:	\$
Estimated Total Receipts for Next 12 Months:	\$
SUP Lessons, Instruction	\$
Rental Receipts:	\$
Stand Up Paddle Rental	\$
Surfboard Rental	\$
Boogie Board Rental	\$
Other, Describe:	\$
Retail Operations	\$
Other Revenue (Describe)	\$

1. Do you require participants to sign a liability waiver? Yes No
2. How many years have you been operating? _____ Years
 - A. If you are a new venture, how many years of prior experience? _____ Years
3. Are any operations conducted outside of the United States? Yes No
4. Do you hire guides as sub-contractors? Yes No
 - A. If yes, do you obtain proof of insurance? Yes No
5. Do you operate year round? Yes No
 - A. If no, how many months do you operate? _____

Instructor / Guide Information	<input type="checkbox"/> N/A	Age	Years Experience	First Aid Qualifications
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

WATERCRAFT LIABILITY INFORMATION: N/A

Boat Schedule (If necessary please utilize another sheet and attach to application)

Year	Make & Model	Length	Horse Power (HP)	OB/IB/IO	# Passengers	Guided?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

WATERCRAFT & STAND UP PADDLE GENERAL INFORMATION: N/A

1. How are the boats used?

Boat Rental Fishing Safety SUP Other, describe: _____

2. On what bodies of water does use take place?

Rivers Lakes/Ponds Ocean Bays/Inlets

a. If Rivers, what classes are boated?

Class I Class II Class III Class IV Class V

3. Are life vests (PFD's) required? Yes No

4. Are life vests (PFD's) provided? Yes No

5. Do you do any Waterskiing? Yes No

ADDITIONAL INSUREDS, if necessary attach and additional sheet:

Name	Complete Address (Incl. city, state & zip)	Interest

LOSS HISTORY:

Do you have knowledge of any incident which may lead to a claim? Yes No

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Date: _____ Signature: _____

Printed Name: _____

Agency Contact Name: _____