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 quotes@primeis.com

## OCEAN TOURS SUPPLEMENT

It is critical that the Insurer have a clear understanding of your operation. Booking trips for others is not covered by this coverage contract. Request that the entities you book for name you as an additional insured on their coverage.

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you monitor Coast Guard, National Oceanic, and Atmospheric Administration Broadcasts to determine if ocean and weather conditions are reasonably safe for boating activities?
<input type="checkbox"/>	<input type="checkbox"/>	Are Coast Guard-approved life jackets available for each participant?
<input type="checkbox"/>	<input type="checkbox"/>	Are all swimming and/or snorkeling activities supervised or organized according to an operating plan, such as the buddy system, which will provide a reasonable measure of safety for the participants?
<input type="checkbox"/>	<input type="checkbox"/>	Have you obtained all licenses and permits for your operations as required by law? If yes, please enclose copies.
<input type="checkbox"/>	<input type="checkbox"/>	Do you keep equipment and/or boat maintenance logs? If yes, please enclose samples.
<input type="checkbox"/>	<input type="checkbox"/>	Are participants provided a safety and pre-trip orientation talk covering safety tips, warnings, etc.? If yes, please attach a copy or outline.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of any professional organizations? If yes, please identify:

Please provide copies of the following materials:

- a. All brochures and promotional materials.
- b. A copy of the release and acknowledgment of risk form that guests will read and sign.
- c. Attach a list of guides, ages, and experience and include resumes of key personnel.

### Activity Breakdown/User Days

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
Sea Kayaking Day Tours		x		=	
Sea Kayaking Overnights		x		=	
Tour Boats		x		=	
Fishing Boats		x		=	
Other (please describe):		x		=	