

INSURANCE & BOND INFORMATION

LIABILITY INSURANCE

Insurance Company: _____

Agent: _____

Address: _____

Telephone Number: _____

Certificate Expiration Date: _____

Please enclose a current copy of your Certificate of Liability Insurance with your application.

SURETY BOND

Surety Bond Company: _____

Agent: _____

Address: _____

Telephone Number: _____

Surety Bond Number: _____

Bond Effective Date: _____

Type of Bond: ___ One-Year ___ Three-Year ___ Continuous

Please complete the provided Outfitter & Guide Bond with your chosen bonding company. Send the bond in with your application for approval from the Attorney General's Office. The bond must be completed on the provided form, include a Power of Attorney, be notarized, and have a raised and embossed seal. Please see instruction sheet included with bond form for further instructions.