COMMERCIAL BUS TOUR APPLICATION
BURGESS JUNCTION VISITOR CENTER
Bighorn National Forest

Application Date:	**Contact Name:**
Tour Company Name:	**Contact Title:**
Address:	**Contact Phone:**
City, State, Zip Code	**Contact Email:**
Phone:	**Fax:**

Name of Bus Coach Company, if other than Tour Company: _____

Operational Season: Memorial Day- Labor Day

I. FEE SCHEDULE

Forest Service Handbook 2709.11 Sec. 37.05
Fees area calculated from rates established by the Regional Forester for situations in which commercial tours and trips involve only very short stops or visits on National Forest System lands of two service days or less.

Rocky Mountain Region Supplement No. 2709.11-2007-1
Short Stop Fee- Charge a flat fee of **$1.00 per client** per service day for each trip (generally 4 hours or less) on National Forest System land.

Fee calculation example: A bus company stops at a National Forest Visitor Center for an average of 30 minutes. The company has 50 buses with 35 paying clients. The Regional Forester has established a short-stop rate of $1.00 per client.
35 People x 50 Buses x $1.00 = $1750 fee for commercial use.

National Minimum Fee Forest Service Handbook 2709.11 Sec. 37.21a
The minimum fee for outfitting and guiding on National Forest System lands is $70 annually per permit for 1993-1995. Using 1993 as a base year, the Washington Office Director of Recreation and Heritage Resources shall adjust the minimum fee every three years based on the Gross Domestic Product-Implicit Price Deflator Index.

Minimum Fee for 2016= $105.00

Fees based on Estimated and Actual Use: Fees are assessed twice a year, the estimated use as part of this application will be an upfront payment prior to tour dates. Since tours are continuing to be sold up to

the tour departure, an actual use at the end of the season is required, once actual numbers are received a final bill will be issued for the difference between actual and estimated use.

II. TOUR INFORMATION: complete the following table to include Tour Name, Tour Date /Approx Time, and the estimated number of clients per trip.

TOUR NAME	TOUR DATE/ APPROX TIME	ESTIMATED NUMBER OF CLIENTS

III. INSURANCE REQUIRMENTS:

Proof of additionally insuring the US Government at a minimum amount of $500,000.00 is a requirement of permit issuance. Attached to this application is an example of how the insurance certificate will need to read to be accepted.

Attach Certificate of Insurance as part of this application.

Applicant's Signature: _____ Date: _____

To be completed by the Forest Service:	Minimum Special Use Fee is **$105.00**
Estimated Total Amount: $_____	**$1.00 per person after $105.00**
Certification of Insurance Received: ☐ Yes ☐ No	
Last Update 10/05/2015	Certificate of Insurance Required **See attached insurance requirements**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2010

PRODUCER

Insurance Agent Name and Address Here

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Insured Name and address here

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: PHILADELPHIA INSURANCE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

Insurance Company Name Here

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC		02/24/10	02/24/11	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurence)	$ 100,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 3,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

Current date of coverage

Must be a minimum of $500,000 for each occurrence.

$ 500,000 minimum for General Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Must list description of operations. Must list the Forest Service approved insurance #.
If no approved Forest Service # please submit insurance policy for review.
Must state US Government as additionally insured.

CERTIFICATE HOLDER

US Government
USDA Forest Service
2013 Eastside 2nd St.
Sheridan WY, 82801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~XXXXXXXX~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL ~~XXXXXXX