

Hunting Club/Hunting Preserve Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____
Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____
Location #3 _____

UNDERWRITING INFORMATION

1. Describe the Ownership of the hunt club/preserve land, vehicles and/or other property. _____

2. Number of Members? _____ Is property fenced? Yes No
3. Number of Acres? _____ Is property posted? Yes No
4. Type of game hunted? _____
5. When is the preserve open? Year-round Other _____
6. Is a current Safety Program in effect? Yes No
If yes, describe. _____
7. Are there any pool, lakes, ponds, rivers or streams on the premises?..... Yes No
If yes, describe. _____
8. Describe any special events. _____
9. Describe any commercial operations conducted on premises. _____
10. Are guide or outfitters available for hire? Yes No
If yes, list the services provided including receipts for this service. _____
11. Are members allowed to bring guests on premises? Yes No
12. Is the general public allowed to hunt on premises? Yes No
If yes, how is safety for hunters maintained? _____
13. Any equipment rented or provided, including firearms and deer stands?..... Yes No
If yes, provide details of what is provided. _____

14. Are saddle animals or ATV's allowed?..... Yes No
If yes, submit.
15. Is alcohol consumption allowed in the field?..... Yes No
If yes, decline.
16. Describe any clubhouse or lodge. _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.