



Application
For
**Hunt Clubs/Guides/Outfitters
& Hunting Preserves**

1. Name of Applicant: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Applicant's Web Site Address: _____
 Insured Contact Name: _____ Insured Contact Phone No.: _____
 Insured Contact Email Address: _____
2. Date Established: _____
3. Type of Organization: Individual Partnership Corporation Joint Venture
 Other (Please explain): _____
4. Number of Active Owners/Partners/Officers: _____ Number of Employees: _____
5. List full names of individuals or partners and their interests: _____

6. Applicant is a Hunting Preserve LRO Range Operator Hunt Club
 Hunting Preserve Guide Outfitter
 Other (Please explain): _____
7. a. If Hunting Preserve, Gross Sales \$ _____
 b. If Hunting Club, number of members: _____
8. Address of Location to be Insured (If same as above, write "same.") Number of Acres: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
9. Description of Operations: _____

10. Please provide prior carrier information:

| Year | Carrier | Limits | Premium |
|------|---------|--------|---------|
| | | / | \$ |
| | | / | \$ |
| | | / | \$ |

11. Please provide losses and details of each: **(Attach loss runs.)**

| Date of Loss | Type of Loss | Details/Description of Loss | Amount Paid | Reserves | O/C |
|--------------|--------------|-----------------------------|-------------|----------|-----|
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12. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years?** (If Yes, please provide full details on page 3.) Yes No
13. Any special events sponsored off premises? Yes No
14. Does applicant hold any events on the premises? Yes No
15. Are members allowed to bring guests on the premises? Yes No
16. Are any of the buildings or land open for public use? Yes No
17. Is land completely fenced to prevent trespassing? Yes No
18. Is land posted "No Trespassing"? Yes No
19. Are liability waivers signed by all hunting patrons? (If Yes, please attach a copy.) Yes No
20. Does applicant provide any guided services? Yes No
21. Is applicant Guide? Outfitter?

22. **Guide:** Gross Sales from guided tours \$ _____
 Please describe tours/guides given: _____

Please describe instruction given: _____

Any saddle animals used? Yes No

Any guide operations unrelated to hunting? Yes No

If Yes, please describe: _____

23. **Outfitter:** Please list equipment or supplies and \$ Gross Sales:

| | Equipment/Supplies | \$ Gross Sales |
|--------|--------------------|----------------|
| Leased | | |
| Rented | | |
| Sold | | |

24. Does applicant operate any of the following:

Archery range? # of ranges _____

Pistol range? # of ranges _____

Rifle range? # of ranges _____

Skeet/trap shooting range? # of ranges _____

Describe surrounding exposure: _____

25. Any paintball allowed? Yes No

26. Does applicant sell, rent, repair or provide any guns, bows or ammunition? Yes No

27. Any shooting blinds (waterfowl)? # _____ Yes No

28. Any shooting stands (deer, etc.)? # _____ Yes No

29. Any horses used? Yes No

30. Any use of dogs? Yes No

31. Any ATVs (all terrain vehicles) # _____ Yes No

32. Any snowmobiles? # _____ Yes No

33. Any swimming pools? Yes No

34. Any lakes/ponds? If Yes, # _____ # of acres _____ Yes No

35. Is lake/pond owned by applicant? Yes No

36. Is swimming allowed in lake/pond? Yes No

If Yes, is swimming area roped/buoyed off? Yes No

If no, are "No Swimming" signs posted? Yes No

37. Any dams/levees? Yes No

Describe downstream exposure and attach most current dam inspection report: _____

38. Any ice fishing, ice skating or ice boating exposure? (If Yes, please complete the following.) Yes No

39. Number of boats: _____

Any power boats? Yes No If Yes, horsepower of each: _____

Number of rowboats? _____ Number of canoes? _____ Number of kayaks? _____

Other (Please explain): _____

40. Does applicant carry separate Protection & Indemnity Insurance? Yes No

If Yes, Carrier: _____ Limits: _____

41. Are Coast Guard approved life jackets provided for each passenger? Yes No

42. Any Class III or above white-water boating or rafting? Yes No

43. Any clubhouse? Yes No If Yes, square feet _____
44. Any lodging? Yes No If Yes, square feet _____ # of beds _____
45. Any other buildings? Yes No If Yes, square feet _____
46. Does the applicant ever provide, sell or serve alcoholic beverages? Yes No
47. Does the applicant allow members to bring alcoholic beverages onto the premises? Yes No

48. **Limits of Insurance Requested:**

General Aggregate Limit (Other Than Products – Completed Operations) \$ _____

Products – Completed Operations Aggregate Limit \$ _____ Any One (1) Person or Organization

Personal and Advertising Injury Limit \$ _____

Each Occurrence Limit \$ _____

Damage to Premises Rented by You \$ _____ Any (1) Premises

Medical Expense Limit \$ _____ Any One (1) Person

49. Additional Insureds required? (If Yes, please complete the following.) Yes No

| Name and Address of Additional Insured | Interest |
|--|----------|
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50. Effective Dates Desired - From: _____ To: _____

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signature of Applicant: _____ Title (Officer, Partner): _____

Print Name: _____ Date: _____

| # | Description or Full Details |
|---|-----------------------------|
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