Member Companies of Western World Insurance Group

Western World Insurance Company

Tudor Insurance Company

Stratford Insurance Company

Application For Hunt Clubs/Guides/Outfitters & Hunting Preserves

1.	Name of Applicant									
	Mailing Address									
	City		State			Zip				
	Applicant's Web Site Address									
2.	Date Established									
3.	Type of Organization 🔲 Individual 🔲 Partnership 🔲 Corporation 🔲 Joint Venture									
4.										
5.										
	Applicant is a Hunting Preserve LRO Range Operator Hunt Club Hunting Preserve Guide Outfitter Other (Please explain.)									
7.	If Hunting Preserve, Gross Sales \$									
8.	Address of Location to be Insured (If same as above, write "same.") Number of Acres									
	Street Address					 .				
_	City					-				
9.	Description of Operations									
10.	Has the applicant had prior insurance for this enterprise? (If yes, please complete the following.)									
	Insurance Company	Policy Period	blicy Period Limits of I		Premium	Type of Coverage	Occurrence Claims Mad			
11.	During the past three (3) years , have any claims been presented to your current or prior Yes No insurance carrier(s)? (If yes, please complete the following.)									
	Description		DOL	Type of Loss		Amount Paid	Reserve			
12.	Has the applicant, or any oth for liability insurance denied (If yes, please provide full detail	, policy cancelled					🗌 Yes 🗌	No		
13.	13. Any special events sponsored off premises?							No		
	14. Does applicant hold any events on the premises?						☐ Yes ☐	No		
	5. Are members allowed to bring guests on the premises?							No		
	16. Is any of the land or buildings open for public use?							No		
	17. Is land completely fenced to prevent trespassing?							No		
	18. Is land posted "No Trespassing"?							No		
		-					🗌 Yes 📋			

19.	Are liability waivers sign	🗌 Yes 🗌 No							
20.	Does applicant provide a	🗌 Yes 🔲 No							
21.	Is applicant 🗌 Guide?								
22.	22. Guide: Gross Sales from guided tours \$								
	Please describe tours/guides given								
	Please describe instruction given.								
	Any saddle animals use		☐ Yes ☐ No						
	Any guide operations ur								
23.	Outfitter: Please list ec								
		\$ 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 ex	kposure.							
25	Any paintball allowed?		☐ Yes ☐ No						
	• •	, repair or provide any guns, bows or ammunition?	☐ Yes ☐ No						
		terfowl)? #	☐ Yes ☐ No						
		er, etc.)? #	☐ Yes ☐ No						
	Any horses used?		☐ Yes ☐ No						
	Any use of dogs?		☐ Yes ☐ No						
	Any ATVs (all terrain vel	hiclos/2 #	☐ Yes ☐ No						
	Any snowmobiles?	hicles)? #	☐ Yes ☐ No						
	•	#							
	Any swimming pools?	the the tears							
		s, # # of acres							
	Is lake/pond owned by a								
30.	Is swimming allowed in I If yes, is swimming area	•	└ Yes └ No │ Yes │ No						
	If no, are "No Swimming area								
27	Any dams/levees?								
57.	•	xposure and attach most current dam inspection report.							
38.	Any ice fishing, ice skati	ng or ice boating exposure? (If yes, please complete the following.)	🗌 Yes 🗌 No						
39.	Number of boats?								
	Any power boats? If yes, horsepower of each								
	Number of rowboats?	s?							
40.		parate Protection & Indemnity Insurance?	🗌 Yes 🗌 No						
	If yes, Carrier	Limit							

41.	Are Coast Guard approved	🗌 Yes 🗌 No					
42.	Any Class III or above white	🗌 Yes 🗌 No					
43.	Any clubhouse? If yes	, square feet	_		🗌 Yes 🗌 No		
44.	Any lodging? If yes	, square feet	# of beds		🗌 Yes 🗌 No		
45.	Any other buildings? If yes	, square feet	_		🗌 Yes 🗌 No		
46.	Does the applicant ever pro	vide, sell or serve alcoholic b	everages?		🗌 Yes 🗌 No		
47.	Does the applicant allow me	Does the applicant allow members to bring alcoholic beverages onto the premises?					
48.	Limits of Insurance Reque						
	General Aggregate Limit (Other Than Products – Completed Operations) \$						
	Products - Completed Oper	ations Aggregate Limit		\$			
	Personal and Advertising Injury Limit \$			\$			
	Each Occurrence Limit			\$	or Organization		
	Damage to Premises Rented by You \$				Any One (1) Premises		
	Medical Expense Limit			\$\$			
40	-	12 /lf. inc. mission commission that		Ψ			
49.	· · ·	1? (If yes, please complete the forme and Address of Addition					
	Na	me and Address of Additio	nai insured		Interest		
50.	Effective Dates Desired – F	rom:	т	O:			
#		Descripti	on or Full Details	2			
"				5			
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