Member Companies of Western World Insurance Group Application Western World Insurance Company For **Hunt Clubs/Guides/Outfitters** Tudor Insurance Company & Hunting Preserves Stratford Insurance Company Name of Applicant ______ Mailing Address City _____ State Zip Applicant's Web Site Address _____ 2. Date Established __ 3. Type of Organization Individual Partnership Corporation Individual Doint 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 \square Hunting Preserve LRO \square Range Operator \square 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 City _____ State ____ Zip ____ 9. Description of Operations 10. Has the applicant had prior insurance for this enterprise? (If yes, please complete the following.) ☐ Yes ☐ No Type of Occurrence or Policy Period Coverage Insurance Company Limits of Liability Premium Claims Made 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 other person for whom coverage is being requested, had any application ☐ Yes ☐ No for liability insurance denied, policy cancelled or non-renewed in the past three (3) years? (If yes, please provide full details on page 3.) 13. Any special events sponsored off premises? ☐ Yes ☐ No 14. Does applicant hold any events on the premises? □ Yes □ No ☐ Yes ☐ No 15. Are members allowed to bring guests on the premises? 16. Is any of the land or buildings open for public use? 🗌 Yes 🔲 No 17. Is land completely fenced to prevent trespassing? □ Yes □ No

18. Is land posted "No Trespassing"?

Page 1 of 3 A90 (01/08)

□ Yes □ No

	Are liability	☐ Yes [☐ No				
	Does appli	☐ Yes [☐ No				
21.	21. Is applicant Guide? Outfitter?						
22.		ross Sales from guided tours \$					
	Please des	scribe tours/guides given					
	Please des						
	Any saddle animals used?			☐ No			
	Any guide operations unrelated to hunting?			☐ No			
	If yes, plea	_					
23.	Outfitter:	Please list equipment or supplies and \$ Gross sales.					
		Equipment/Supplies	\$ Gross Sales				
	Leased						
	Rented						
	Sold						
24.	Does appli	cant operate any of the following:					
	☐ Archer	y range? # of ranges					
	☐ Pistol r	ange? # of ranges					
	☐ Rifle ra	ange? # of ranges					
	☐ Skeet/trap shooting range? # of ranges						
	Describe s	urrounding exposure					
25.	Any paintb	all allowed?	☐ Yes [☐ No			
26.	Does appli	☐ Yes [☐ No				
27.	Any shooti	ng blinds (waterfowl)? #	☐ Yes [☐ No			
28.	Any shooti	ng stands (deer, etc.)? #	☐ Yes [☐ No			
29.	Any horses	s used?	☐ Yes [☐ No			
30.	Any use of	dogs?	☐ Yes [☐ No			
	•	(all terrain vehicles)? #	☐ Yes [☐ No			
32.	Any snown	nobiles? #	☐ Yes [□ No			
33.	Any swimn	ning pools?	☐ Yes [_ □ No			
	•	ponds? If yes, # # of acres	 ☐ Yes [— □ No			
		id owned by applicant?	 ☐ Yes [— □ No			
		ng allowed in lake/pond?	 ☐ Yes [_ □ No			
	If yes, is swimming area roped/buoyed off?			_ □ No			
	If no, are "No Swimming" signs posted?			☐ No			
37.	Any dams/	levees?	☐ Yes [☐ No			
	Describe d						
38.	Any ice fish	hing, ice skating or ice boating exposure? (If yes, please complete the following.)	☐ Yes [
	Number of boats?						
00.	Any power boats? If yes, horsepower of each						
	Number of	rowboats? Number of canoes? Number kayaks	?				
		ase explain.)					
40.		cant carry separate Protection & Indemnity Insurance?	☐ Yes [☐ No			
	If yes, Carrier Limit						

Page 2 of 3 A90 (01/08)

	Are Coast Guard approved life jackets provided for each passenger?	☐ Yes ☐ No	
	Any Class III or above white-water boating or rafting?		∐ Yes ∐ No
	Any clubhouse? If yes, square feet		☐ Yes ☐ No
			☐ Yes ☐ No
45.	Any other buildings? If yes, square feet		☐ Yes ☐ No
46.	Does the applicant ever provide, sell or serve alcoholic beverages?		☐ Yes ☐ No
	Does the applicant allow members to bring alcoholic beverages onto the p	remises?	☐ Yes ☐ No
	Limits of Insurance Requested:	Φ.	
	General Aggregate Limit (Other Than Products – Completed Operations)	\$	
	Products – Completed Operations Aggregate Limit	\$ \$	
	Personal and Advertising Injury Limit	Any One (1) Person or Organization	
	Each Occurrence Limit	\$	
	Damage to Premises Rented by You	\$	Any One (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
50.	Effective Dates Desired – From: T	0:	
#	Description or Full Details	S	

Page 3 of 3 A90 (01/08)