1. Name of Applicant

Mailing Address $\qquad$
City ___ State ___ Zip ___

Applicant's Web Site Address $\qquad$
2. Date Established
3. Type of Organization $\square$ Individual $\square$ Partnership $\square$ Corporation $\square$ Joint Venture
$\square$ other (Please explain.)
4. Number of Active Owners/Partners/Officers $\qquad$ Number of Employees $\qquad$
5. List full names of individuals or partners and their interests. $\qquad$
6. Applicant is a $\square$ Hunting Preserve LRO $\square$ Range Operator $\square$ Hunt ClubHunting Preserve $\square$ Guide $\square$ OutfitterOther (Please explain.) $\qquad$
7. If Hunting Preserve, Gross Sales \$
8. Address of Location to be Insured (If same as above, write "same.")

Number of Acres $\qquad$ Street Address $\qquad$
State $\qquad$ Zip $\qquad$
9. Description of Operations $\qquad$ Has the applicant had prior insurance for this enterprise? (If yes, pease comptete the following)

| Insurance Company | Policy Period | Limits of Liability | Premium | Type of <br> Coverage | Occurrence or <br> 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 $\quad \square$ Yes $\square$ 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?
14. Does applicant hold any events on the premises?
15. Are members allowed to bring guests on the premises?
16. Is any of the land or buildings open for public use?
17. Is land completely fenced to prevent trespassing?
18. Is land posted "No Trespassing"?
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
19. Are liability waivers signed by all hunting patrons? (If yes, please attach a copy.)
20. Does applicant provide any guided services?
21. Is applicant $\square$ Guide? $\square$ Outfitter?
22. Guide: Gross Sales from guided tours $\$$ $\qquad$ Please describe tours/guides given. $\qquad$

Please describe instruction given. $\qquad$
Any saddle animals used?
Any guide operations unrelated to hunting?


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:
$\square$ Archery range?
$\qquad$
$\square$ scribe surrounding exposure $\qquad$
25. Any paintball allowed?
26. Does applicant sell, rent, repair or provide any guns, bows or ammunition?
27. Any shooting blinds (waterfowl)? \# $\qquad$ $\square$ Yes $\square$ No
28. Any shooting stands (deer, etc.)? \# $\qquad$

29. Any horses used?

30. Any use of dogs?
31. Any ATVs (all terrain vehicles)? \# $\qquad$
32. Any snowmobiles? \# \#
33. Any swimming pools?
34. Any lakes/ponds? If yes, \# $\qquad$ \# of acres $\qquad$
35. Is lake/pond owned by applicant?
36. Is swimming allowed in lake/pond?

If yes, is swimming area roped/buoyed off?
If no, are "No Swimming" signs posted?
37. Any dams/levees?

$\square$ Yes $\square$ No



Describe downstream exposure and attach most current dam inspection report.
$\square$ Yes $\square$ No
$\qquad$
38. Any ice fishing, ice skating or ice boating exposure? (If yes, please complete the following.)
39. Number of boats?

Any power boats? If yes, horsepower of each $\qquad$ . Number kayaks?
$\qquad$ Number of rowboats? $\qquad$ Number of canoes? $\qquad$
$\qquad$ Other (Please explain.) $\qquad$
40. Does applicant carry separate Protection \& Indemnity Insurance?
$\qquad$ Limit $\qquad$
41. Are Coast Guard approved life jackets provided for each passenger?
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
$\square$ Yes $\square$ No
42. Any Class III or above white-water boating or rafting?
43. Any clubhouse? If yes, square feet $\qquad$
44. Any lodging?

If yes, square feet \# of beds $\qquad$
45. Any other buildings?

If yes, square feet $\qquad$
46. Does the applicant ever provide, sell or serve alcoholic beverages?
47. Does the applicant allow members to bring alcoholic beverages onto the premises?
48. Limits of Insurance Requested:

General Aggregate Limit (Other Than Products - Completed Operations) \$
Products - Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
\$ $\qquad$
\$ $\qquad$ Any One (1) Person or Organization
Each Occurrence Limit
\$ $\qquad$
Damage to Premises Rented by You
Medical Expense Limit
\$
\$
\$
$\qquad$ Any One (1) Premises
Any One (1) Person
49. Additional Insureds required? (If yes, please complete the following.)

| Name and Address of Additional Insured | $\square$ Yes $\square$ No |
| :--- | :---: |
|  | Interest |
|  |  |
|  |  |
|  |  |

50. Effective Dates Desired - From: $\qquad$ To:

| $\#$ |  |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

