

Agent Name:
Agent Address:

Contact:
Phone #

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

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
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

