



GLOBAL INSURANCE BROKERAGE

Private Hunt Club General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

Are the applicants a group of landowners or hunt clubs? Yes No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	\$	\$

Describe all business operations conducted by applicant: _____

A. Number of acres: _____ **Type of game:** _____

B. Number of members: _____

Do members have valid hunting licenses? Yes No

Are members required to comply with federal and state gaming laws? Yes No

C. Type of weapons permitted: _____

D. Number of hunters at any one time: _____ Controls: _____

Are minors allowed on the premises?..... Yes No

If yes, is it required that they are accompanied by a member and/or parent at all times?..... Yes No

E. Number of ponds/lakes: _____ Size: _____

Posted no swimming?..... Yes No

F. Swimming pools? Yes No

G. Number of boats: _____ Number of boats in excess of 26 ft. or with motors over 75 HP: _____

Are Coast Guard approved flotation devices provided for each passenger? Yes No

H. Dams/levees? Yes No

If yes, explain: _____

I. Is club open to the public? Yes No

Receipts: _____

What safety controls are in place? _____

J. Any blinds or tree stands provided by the club?..... Yes No

If yes, number of: blinds _____ tree stands _____

K. Protections, i.e., posted, fenced, etc.: _____

L. Number of guests and how supervised: _____

M. Any additional insureds? Yes No

Provide names, addresses and interest:

N. Any sale of ammunition or firearms? Yes No

Any reloads sold? Yes No

Is gunsmithing available?..... Yes No

O. Applicant providing firearms to hunters? Yes No

P. Alcoholic beverages served/provided or sold? Yes No

Q. Number of horses: _____ ATVs: _____ Snowmobiles: _____ (owned by club)

What are they used for? _____

R. Nearest populated town: _____ Distance from club land: _____

Nearest public road: _____ Distance from club land: _____

S. Overnight lodging?..... Yes No

If yes, describe: _____

Square foot area: _____ Number of beds: _____

T. Describe other facilities and buildings: _____

U. Does risk store LPG, flammable liquids, ammunition or explosives on the premises? Yes No

If yes, type and quantity stored: _____

V. Does risk lend, lease or rent any equipment to others? Yes No
 If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

W. Total number of employees: _____

X. Does applicant have Workers' Compensation coverage in force? Yes No

Y. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

Z. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

Year	Company	Policy Number	Premium	Losses Paid	Losses Reserved	Description

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./ Ops.	Products/ Comp. Ops.	Prem./ Ops.	Products/ Comp. Ops.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.