



Hunting Clubs
Commercial Application

- Package
Liability Only
Property Only

Date:

Agency Name:

SIU Producer # :

Company Name: Effective Date:

DBA:

Business Phone: Cell: Contact:

E-Mail Address: Fax:

Mailing Address:

City: State: Zip: County:

Location Address:

City: State: Zip:

Insured is: Corporation Partnership Individual Other:

Is the building? Owned Leased If owned, what % is occupied by the owner:

No. of Years in Business: Years Experience in this Industry:

Bankruptcy or Foreclosures over the past 5 years: Yes No

Total Annual Gross Receipts/Sales: \$ Total Number of Employees:

Federal ID Number:

Number of Owners: Total Employee Payroll \$

Complete Description of Operations / **Include any new services being provided**:

IMPORTANT to list all services provided so the proper classes are listed on policy

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: Total Square Foot Area: No. of Stories:

Year Wiring Updated/installed: Year Plumbing Updated/installed:

Year Heating Updated/installed: Year Roof Updated/installed:

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class:

Burglar Alarm Type: Local Central Direct % of Building vacant:

Fire Alarm Type: Local Central Direct Hardwire Battery

Liability Limits (per Occurrence)

Each Occurrence \$

General Aggregate (other than Products/Completed Operations) \$

Products & Completed Operations Aggregate \$

Personal & Advertising Injury (Any one person or organization) \$

Damage to Premises Rented to You (Any one Premises) \$

Medical Expense (Any One Person) \$

Umbrella policy needed ? Yes No If yes, give Limit \$

Property Limits/Coverage

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) _____ \$ _____

Crime Coverage: Emp Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____

Equipment Breakdown Coverage Desired? Yes No

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment and Tools (additional equipment submit on schedule)

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

OUTDOOR RECREATIONAL CLUBS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Do you have paint ball operations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Do you have hunting operations that involve grizzly or polar bears, big horn sheep, alligators or wild boar? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Do you offer Gulf of Mexico fishing, ocean fishing, catfish noodling or whitewater rafting? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you offer gunsmith services? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Do you offer mountaineering or rock climbing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you offer services involving aircraft, hot air balloons or hang gliding? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Do you offer rental or sales of fully automatic machine guns? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Are more than 15% of your annual revenues generated from firearms sales? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Do you provide any ATV rental, organize ATV trail rides or provide ATV trails/routes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

GENERAL INFORMATION

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Are owned horses used by members or clients? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are ATV's or snowmobiles provided for clients or members? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are UTV's (side-by-side seating) provided for clients or members? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you have tree stands or raised/elevated platforms? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are alcoholic beverages provided or consumed without a charge? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a. Are ID's checked to verify the age of those being served? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Are procedures in place for the handling of intoxicated patrons? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Are there youth hunting programs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Are clients or members required to sign waivers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Do you have operations on the Great Lakes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Do you reload or sell reloaded ammunition? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

OTHER EXPOSURES

- | | |
|--|---------------|
| 1. What is the area of the Club House? | _____ |
| 2. Number of rifle ranges / pistol ranges? | _____ / _____ |

- 3. Number of archery ranges? _____
- 4. Number of sporting clay, trap, skeet stations? _____ / _____ / _____
- 5. Number of members? _____
- 6. Number of lakes, ponds, rivers or similar water exposures? _____
- 7. Number of boats not available for rent? _____
- 8. Number of boat docks or slips? _____
- 9. Number of kennels? _____
- 10. What is the area of any rental halls? _____
- 11. What are the annual sales from the following operations:
 - Guns: \$ _____
 - Pro shop: \$ _____
 - Hunting preserves (open to the public): \$ _____
 - Hotel or lodging: \$ _____
 - Boat rental: \$ _____

If the applicant has food sales please complete the **Restaurant Questionnaire – CGE 119.**

If the applicant has events open to the public please complete the **Special Events Questionnaire – CGE 121.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____