



Hunting Clubs, Preserves and Shooting Ranges General Liability Application

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

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

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits of Liability & Deductible Requested:

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 premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

1. Additional Insured Information:

Name	Address	Interest

2. Indicate all operations of applicant:

- Archery Range:
Number indoor: _____ Number outdoor: _____ Gross sales: _____
- Hunting Preserve:
For-profit: _____ Not-for-profit: _____ Gross sales: _____
- Private Membership Club:
Type: _____ Number of members: _____
- Rifle or Pistol Range:
Number indoor: _____ Number outdoor: _____ Gross sales: _____
- Skeet or Trap Shooting Range: _____ Number of ranges: _____ Gross sales: _____
- Other (describe): _____ Gross sales: _____

3. Total number of employees: _____

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

5. Is the applicant a group of landowners or hunt clubs? Yes No
If yes, explain: _____

6. Any wilderness or survival camp operations? Yes No

7. Total acreage for owned or leased land and lakes: _____

8. Number of ponds/lakes: _____ Size: _____
Posted no swimming? Yes No

9. Dams/levees? Yes No
If yes, complete GLS-113 Dam Questionnaire.

10. Any swimming or wading pools? Yes No
If yes:

- a. Number of pools: _____
- b. Pool area fenced with self-latching gate? Yes No
- c. Depths marked? Yes No
- d. Rules posted? Yes No
- e. Life safety equipment at poolside? Yes No
- f. Platforms or diving boards? Yes No If yes, height: _____
- g. Slides? Yes No If yes, height: _____
- h. Lifeguards? Yes No
- i. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Braeme Baker Pool and Spa Safety Act? Yes No

11. Does applicant have any catering operations? Yes No If yes, gross sales: _____

12. Does applicant rent or lease out halls? Yes No If yes, square feet: _____

13. Are alcoholic beverages served, provided or sold? Yes No If yes, liquor receipts: _____

14. Does applicant have a restaurant or concession stand? Yes No If yes, food receipts: _____
Describe: _____

15. Overnight lodging? Yes No
Describe: _____
Square footage: _____ Number of beds: _____

16. Describe other facilities and buildings: _____

17. Does risk store LPG, flammable liquids, ammunition or explosives on the premises? Yes No
 If yes, type and quantity stored: _____
18. 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
19. Does applicant require a hold harmless/waiver signed by all participants? Yes No
20. What safety controls are in place? _____

21. Are minors allowed on the premises? Yes No
 If yes, is it required that they are accompanied by a member and/or parent/guardian at all times? Yes No
22. 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: _____

23. Distance from outside operations to nearest populated town: _____
 Distance from outside operations to nearest public road: _____
24. Does applicant provide firearms? Yes No
25. Merchandise and Services:
 Sale of firearms? Yes No If yes, receipts: _____
 Sale of ammunition/black powder? Yes No
 Ammunition reloading? Yes No
 Gunsmithing? Yes No
 Sale of other items? Yes No If yes, receipts: _____
 Describe other items: _____

26. Does applicant provide firearms certification/training schools? Yes No
 If yes, advise payroll: _____
27. Number of: Owned ATVs: _____ Owned snowmobiles: _____
 Advise what they are used for: _____

28. Does applicant provide hunting guides? Yes No If yes, number of guides: _____
29. For shooting ranges, are all participants required to wear hearing and eye protection? Yes No
30. For risks with hunting operations:
 Do hunters have valid hunting licenses? Yes No
 Are hunters required to comply with federal and state hunting laws? Yes No
 Number of hunters at any one time: _____
 Number of owned saddle animals used for hunting trips: _____
 Number of owned pack animals used for hunting trips: _____
 Number of stables: _____
 Protections (i.e., posted, fenced, etc.): _____

31. 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: _____
32. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____
33. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

34. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

35. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

36. 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. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to 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 active 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.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

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

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

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

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 Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

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

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

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.

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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.