

Hunting Preserve Application

This is an application for insurance. This is not a binder of insurance.

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured:

FEIN:

Principal Contact:

Mailing Address:

Location Address (Important):

Telephone:

Fax:

Effective Date:

Website:

Business Type: Corporation Partnership Individual LLC Other:

Limit of Liability requested: \$300,000 Occurrence \$500,000 Occurrence \$1,000,000 Occurrence

1. Do you operate any other business from this location? *List information below for each business and use a separate sheet to list information, if necessary.* Yes No

If yes, type of entity: Corporation Partnership Individual LLC Other:

Description of business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

ADDITIONAL INSURED *If necessary use another form.*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

Agency:

Contact:

Address:

Telephone:

Fax:

Email:

Outdoor Insurance Group

1371 Hecla Drive Ste E | Louisville CO 80027 | Fax: 303 951 5060 | Email: info@oigcorp.com



PROPERTY SECTION

N/A

Premises Information

- | | | |
|--|-----|--------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? | Yes | No |
| 2. What is the Fire Protection Class of your location? | | |
| 3. Distance Fire fire Station? | | Miles |
| 4. Is the responding fire department Staffed or Volunteer? | | |
| 5. Distance to Fire Hydrant? | | Feet |
| 6. Are there other fire control water sources available? Pool Pond/Lake Water Tank Other | | |
| 7. Is your location prone to grass fires and/or forest fires? | Yes | No |
| 8. Are there buildings at your facility with limited access due to forest, terrain or season? | Yes | No |
| 9. Are your buildings located in heavily wooded areas? | Yes | No |
| 10. Is the cleaning from forest/wooded areas greater than 150 feet? | Yes | No |
| 11. Is your business operational year round? | Yes | No |
| If no, provide the number of months you are operational? | | Months |
| 12. Are your buildings occupied year round? | Yes | No |
| If no, is there a caretaker on site? | Yes | No |
| or contracted? | Yes | No |
| If no, are building winterized? | Yes | No |

Building Information

- | | | |
|---|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms? | Yes | No |
| 2. What type of smoke alarms are installed? Battery Hardwired | | |
| 3. Do any buildings have cooking facilities? | Yes | No |
| If yes, list building numbers: | | |
| 4. Do any building have wood burning fireplaces and/or woodstoves? | Yes | No |
| If yes, list building numbers: | | |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or aluminum wiring? | Yes | No |
| If yes, list building numbers: | | |
| 6. Do you have or believe to have any Federal Stab Loc Circuit Breakers? | Yes | No |
| <small>(Note: The name "Stab-Lok" is identified on the panel board, the breaker switches may contain some RED coloring)</small> | | |
| 7. Do you have power generating equipment? | Yes | No |
| If yes, is it 100% for emergency use only? | Yes | No |
| 8. List the size of each unit (in HP and KW): | | |

DOCK INFORMATION

- | | | |
|---|-----|----|
| 1. Number of docks? | | |
| 2. Number of boat slips: | | |
| Complete the questions below only if property coverage is requested for docks. | | |
| 3. Construction: Frame Metal Floating Fixed Roofed Age: | | |
| If roofed, has proper engineering for wind/snow loads been assessed? | Yes | No |
| 4. Does the water around your dock freeze? | Yes | No |
| If yes, what date on average: | | |
| 5. Are the docks removed? | Yes | No |

ACTIVITY INFORMATION

ACTIVITIES CONDUCTED	NUMBER OF GUIDES	NUMBER OF UNITS
Club Members		Members
Acreage-Leased		Acres
Acreage-Owned		Acres
Archery Range		Stations
Range (Rifle and Pistol) – Indoor		
Range (Rifle and Pistol) – Outdoor		Lanes
Sporting Clay		
Trap and Skeet		
Big Game Hunting		
Upland Bird Hunting		
Waterfowl Hunting		
Lakes or Ponds		
Boats		
Farming: Crops, Livestock		\$ Revenues
Clubhouse		Square Feet
Lodging		Rooms
Restaurant		
Liquor Sales		
Retail Store		
Docks and Piers		
ATV-guided		
ATV-Unguided		
Youth Programs		

1. Check all that apply to your operation: For Profit Not-for-Profit Open to Public Private Membership
2. Do you require participants to sign a liability waiver? Yes No
3. How long are signed liability waivers kept on file? years. Paper copies? Yes No Electronic methods? Yes No
4. How many years have you been in business?
5. If you are a new venture, how many years of prior experience?
6. Are any operations conducted outside of the United States? Yes No
7. Do you hire guides as sub-contractors? Yes No
 - If yes, for what activities?
 - If yes, do you obtain proof of insurance? Yes No
8. List safety procedures and/or attach safety guidelines:

CLUBHOUSE / LODGING SECTION**N/A**

1. Total number of units/rooms for lodging?
2. What is the square footage of the main lodge or clubhouse?
3. Number of RV Spaces: Tent Sites:
4. Maximum Guest Capacity is:
5. Do you have a swimming pool or swimming area? Yes No
If yes, do you have a diving board? Yes No
6. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
If no, provide time table and action plan:

SPECIAL EVENT / DOG TRIAL SECTION**N/A**

1. Special Events
Number of Events: Type of Event(s):
Revenue: \$
2. Number of:
Participants: Spectators: Volunteers:
3. How many field trial events are held annually?
4. What is the minimum age of a volunteer gunner – bird boy? Years Old

HUNTING SECTION**N/A**

1. What percentage of your hunting operations are unguided? %
2. What type of game is being hunted?
Elk Deer Exotics
Bear Turkey Upland Birds
Hogs Alligators Waterfowl
Other:
3. Are tree stands used? Yes No
4. Do you use any of the following to transport hunters? Yes No
If yes, how many?
ATV's:
Horses:
Snowmobiles:
Boats:
Other Unlicensed Vehicles:

EXPOSURE INFORMATION

	Mandatory	Frequent	Rare	Nonexistent	Prohibited	N/A
Use of Helmets on ATVs						
Use of Muzzleloaders						
Use of Pistols						
Use of Modified Weapons						
Tree Stand Use						
Tree Stand Safety Harness Use						
Heavy Equipment Use (Tractors, Bulldozers, Etc.)						
ATV, Hunting Buggy, Argo Use						
Snowmobile Use						
Sponsored Youth Events						
Members sign liability waivers						
Guests Sign Liability Waivers						
Clients Sign Liability Waivers						

SHOOTING RANGE SECTION

N/A

- | | | |
|--|-----|-----------|
| 1. Is a rangemaster / supervisor on premise during shooting hours? | Yes | No |
| 2. What is the minimum age of an unsupervised shooter? | | Years Old |
| 3. Is the premise secured and locked when not operating? | Yes | No |
| 4. Are range rules and safety guidelines posted in a conspicuous manner? | Yes | No |
| 5. What is the maximum distance of ranges? | | |
| 6. What type and kind of backstop or berm is used? Describe: | | |

WATERCRAFT LIABILITY INFORMATION:

N/A

Boat Schedule (If necessary please utilize another sheet and attach to application)

Year	Make / Model	Length	Horse Power (HP)	OB/IB/IO	# of Passenger	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

1.	What type of operation do you have?				
	Boat Rentals	Fishing Trips	Tube or Canoe Rentals	Hunting	
	Other:				
2.	On what bodies of water does use take place?				
	Rivers	Lakes	Ocean	Bays / Inlets	
	If rivers, what classes are boated:				
	Class I	Class II	Class III	Class IV	Class V
3.	Are life vests (PFD's) required?				Yes No
4.	Are life vests (PFD's) provided?				Yes No

N/A

[illegible]

N/A

- | | | | |
|----|--|-----|----------|
| 1. | Do you raise game birds for sale to others? | Yes | No |
| 2. | Do you sell game birds to restaurants or to other food processors? | Yes | No |
| 3. | Do you sell handguns? | Yes | No |
| | How many a year? | | Handguns |
| 4. | Do you sell used guns? | Yes | No |
| | How many a year? | | Handguns |

GROSS RECEIPTS

Actual Total Receipts for Prior 12 Months:

Estimated Total Receipts for Next 12 Months:

ACTIVITIES CONDUCTED	REVENUES
Membership Dues	\$
Rifle / Pistol Range	\$
Shotgun Range / Trap & Skeet	\$
Pro-Shop or Retail Operations	\$
Of this amount, how much is gun sales?	\$
Restaurant Sales	\$
Of this amount, how much is liquor sales?	\$
Lodging	\$
Gunsmithing	\$
Game Bird Sales to Others (Preserves, Restaurants, Etc.)	\$
Other, describe:	\$

LOSS HISTORY

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim?

Yes No

If yes, please describe:

Fraud Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ., CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ., DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY COMPANY* IN QUOTING AND ISSUING THE POLICY. IF ANY OF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY MODIFY OR WITHDRAW THE QUOTE OR BINDER.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

Name:

Title:

Must be signed by the president, chairman, CEO or executive officer.

Insured Signature:

Date:

Produced By: *Section to be completed by producer/broker.*

Producer:

Agency:

Producer License Number:

Agency Taxpayer ID or SS Number:

Street Address, City, State, Zip: