

HUNTING PRESERVE APPLICATION

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:
 Principal Contact:
 Mailing Street Address:
 Mailing City: State: Zip:
 Location Street Address:
 Location City: County: State: Zip:
 Phone Number: Fax Number:
 Website: www.
 Risk Management Contact: Risk Management's Phone:
 Risk Management Email:
 Business Form: Corporation Partnership Individual LLC Other:
 Effective Date:
 Limit of Liability Requested: \$ 300,000 Occurrence
 \$ 500,000 Occurrence
 \$ 1,000,000 Occurrence

1. Do you operate any other businesses from this location? Yes No

(List information below for each business, use a separate sheet to list information if necessary)

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 sheet of paper*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY:
 CONTACT:
 ADDRESS:
 TELEPHONE: FAX:
 E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

PROPERTY SECTION	N/A
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Premises Information

1. Distance to fire station? Miles
2. Is the responding fire department staffed or volunteer?
3. Distant to fire hydrant? Feet
4. Are there other fire control water sources available?
Pool Pond/Lake Water Tank Other:
5. Are there buildings at your facility with limited access due to forest, terrain or season? Yes No
6. Are your buildings located in heavily wooded areas? Yes No
7. Is the clearing from forest/wooded areas greater than 150 feet? Yes No
8. Is your business operational year round? Yes No
9. If no, provide the number of months you are operational? Months
9. Are your buildings occupied year round? Yes No
10. If no, is there a caretaker on site Yes No or contracted? Yes No
11. If no, are buildings 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. Is there a CO alarm installed? Yes No
4. Do any buildings have cooking facilities? Yes No
- If yes, list building numbers:**
5. Do any buildings 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
6. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No
- If yes, list building numbers:**

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

ACTIVITIES SECTION

Activities Conducted	Number of Guides	Number of Units
Club Members		Members
Acreage-Leased		Acres
Acreage-Owned		Acres
Archery Range		Stations
Range (Rifle & Pistol) – indoor		Lanes
Activities Conducted	Number of Guides	Number of Units
Range (Rifle & Pistol) – outdoor		Lanes
Sporting Clay		

Activities Conducted	Number of Guides	Number of Units
Trap & 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 & Piers		
ATV-guided		
ATV-unguided		
Youth Programs		

- Check all that apply to your operation:

For Profit	Not-for-Profit	Open to Public	Private Membership
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- Do you require participants to sign a liability waiver? Yes No
- How many years have you been operating? Years
- If you are a new venture, how many years of prior experience? Years
- Are any operations conducted outside of the United States? Yes No
- Do you hire guides as sub-contractors? Yes No
 If yes, for what activities?
 If yes, do you obtain proof of insurance? Yes No
- List safety procedures and/or attach safety guidelines:

CLUBHOUSE/LODGING SECTION	N/A
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- Total number of units/rooms for lodging?
- What is the square footage of the main lodge or clubhouse? Square Feet
- Number of RV spaces/Tent sites:
- Maximum guest capacity is:
- Do you have a swimming pool or swimming area? Yes No
 If yes, do you have a diving board? Yes No
- Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** Yes No

SPECIAL EVENT / DOG TRIAL SECTION	N/A
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- Special Events
 - Number of Events:
 - Type of Event(s):
 - Revenue:\$
- Number of
 - Participants:
 - Spectators:
 - Volunteers:
- How many field trial events are held annually?
- What is the minimum age of a volunteer gunner – bird boy? Years

HUNTING SECTION	N/A
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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? **If yes, how many?**
 ATV's:
 Horses:
 Snowmobiles:
 Boats:
 Other Unlicensed Vehicles:

EXPOSURE INFORMATION

Use of helmets on ATVs is	mandatory	frequent	rare	nonexistent	N/A
Use of muzzleloaders is	frequent	rare	nonexistent	prohibited	
Use of pistols is	frequent	rare	nonexistent	prohibited	
Use of modified weapons is	frequent	rare	nonexistent	prohibited	
Tree stand use is	frequent	rare	nonexistent		
Tree stand safety harness use is	mandatory	frequent	rare	nonexistent	
Heavy equipment use is (Tractors, bulldozers, etc.)	frequent	rare	nonexistent		
ATV, Hunting Buggy, Argo use is	frequent	rare	nonexistent		
Snowmobile use is	frequent	rare	nonexistent		
Sponsored youth events are	frequent	rare	nonexistent		
Members sign liability waivers	mandatory	frequent	rare	nonexistent	N/A
Guests sign liability waivers	mandatory	frequent	rare	nonexistent	N/A
Clients sign liability waivers	mandatory	frequent	rare	nonexistent	N/A

SHOOTING RANGE SECTION	N/A
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1. Indoor Range? Yes No If yes, number of lanes:
 Outdoor Range? Yes No If yes, number of lanes:
2. Is a rangemaster / supervisor on premise during shooting hours? Yes No
3. What is the minimum age of an unsupervised shooter? Years Old
4. Is the premise secured and locked when not operating? Yes No
5. Are range rules and safety guidelines posted in a conspicuous manner? Yes No
6. What is the maximum distance of ranges? Yards
7. What type and kind of backstop or berm is used?
 Describe:

WATERCRAFT LIABILITY SECTION	N/A
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<i>Boat Schedule if necessary use another sheet of paper</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION

1. How are boats used?
 Boat Rental Fishing Hunting Other, describe:
2. On what bodies of water does use take place?
 Rivers Lakes/Ponds Ocean Bays/Inlets
3. If Rivers, what classes are boated:
 Class I Class II Class III Class IV Class V
4. Are life vests (PFD's) required? Yes No
5. Are life vests (PFD's) provided? Yes No

GUIDE INFORMATION SECTION N/A

Name	Age	Years Experience	First Aid Qualifications

SALES AND REVENUE SECTION N/A

Sales Information

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? used guns

GROSS RECEIPTS

Actual Total Receipts for Prior 12 Months:	\$
Estimated Total Receipts for Next 12 Months:	\$
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:	\$

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, describe:

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

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|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

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.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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, PA, 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: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)