

OTHER FORMS NEEDED: ACORD 125

HUNTING CLUB/HUNTING PRESERVE APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Proposed Policy Period: _____ to: _____ Web Address _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

UNDERWRITING

Describe the Ownership of the hunt club/preserve land, vehicles and/or other property _____

Number of Members _____ Is property fenced? Yes No

Number of Acres _____ Is property posted? Yes No

Type of game hunted? _____

Is a current Safety Program in effect? If yes, describe _____

Are there any pool, lakes, ponds, rivers or streams on the premises? If yes, describe _____

Describe any special events _____

Describe any commercial operations conducted on premises _____

Are guide or outfitters available for hire? Yes No If yes, list the services provided including receipts for this service _____

Are members allowed to bring guests on premises? Yes No

Is the general public allowed to hunt on premises? Yes No If yes, how is safety for hunters maintained.

Any equipment rented or provided, including fire arms and deer stands? Yes No If yes, provide details of what is provided _____

Are saddle animals or ATV's allowed? Yes No If yes, Submit.

Is alcohol consumption allowed in the field? Yes No If yes, decline.

Describe any clubhouse or lodge _____

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____ INCLUDED _____

PERSONAL & ADVERTISING INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE: _____

MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST THREE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No If yes, please explain: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

 Witness

 Date

 Applicant's Signature

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.