

Trap, Skeet and Sporting Clay 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 INSUREDS *If necessary use another form.*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

Agency: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

PROPERTY INFORMATION **N/A**

Location 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 to 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 clearing from forest/wooded areas greater than 150 feet? | Yes | No |
| 11. Is your business operational year round?
If no, provide the number of months you are operational? | Yes | No
Months |
| 12. Are your buildings occupied year round? | Yes | No |
| 13. If no, is there a caretaker on site
or contracted? | Yes | No |
| 14. 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 any ACTIVE Knob & Tube and/or aluminum wiring?
If yes, list building numbers: | Yes | No |
| 4. Do any buildings have cooking facilities?
If yes, list building numbers | Yes | No |
| 5. Do you have wood burning stoves or fireplaces?
If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 6. Do you have power generating equipment?
If yes, is it 100% for emergency use only?
List the size of each unit (in HP and KW): | Yes | No |

DOCK INFORMATION

- | | | |
|--|-------------------------------|---|
| 1. Number of docks | Number of boat slips | |
| <i>Complete the questions below only if property coverage is requested for docks.</i> | | |
| 2. 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	# of Guides	# of Units
Club Members		Member
Acreage – Leased		Acres
Acreage – Owned		Acres
Archery Range		Station
Range (Rifle & Pistol) Indoor		Lanes
Range (Rifle & Pistol) Outdoor		Lanes
Sporting Clay		
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 Camps or Programs		

- | | | | | |
|---|------------|----------------|----------------|--------------------|
| 1. Check all that apply to your operation: | For Profit | Not-for-Profit | Open to Public | Private Membership |
| 2. Do you require your participants to sign a liability waiver? | | | | Yes No |
| 3. How many years have you been operating? | | | | Years |
| 4. If you are a new venture, how many years of prior experience? | | | | Years |
| 5. Are any operations conducted outside of the United States? | | | | Yes No |
| 6. Do you hire guides a subcontractors? | | | | Yes No |
| If yes, for what activities? | | | | |
| If yes, do you obtain proof of insurance? Please attach certificates. | | | | Yes No |
| 7. List safety procedures and/or attach safety guidelines: | | | | |

CLUBHOUSE/LODGING SECTION **N/A**

1. Total number of units/rooms for lodging?
2. Number of: RV spaces: Tent sites:
3. Maximum guest capacity is:
4. Do all cabins / units have smoke alarms? Yes No
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: Revenue: \$ Type of Event(s):
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

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
Waterfowl	Upland Birds	Hogs	Other, describe:	
3. Are tree stands used? Yes No
4. Do you use any of the following to transport hunters? Yes No
 If yes, how many?

Horses	Boats	
ATVs	Snowmobiles	Other Unlicensed Vehicles

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
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? Yards
6. Describe what type and kind of backstop or berm is being used.

EXPOSURE INFORMATION

Use of helmets on ATV's 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	Prohibited	
Tree stand safety harness use is	Mandatory	Frequent	Rare	Nonexistent	
Heavy Equipment (Tractors, bulldozers, etc.) is	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

WATERCRAFT LIABILITY SECTION **N/A**

Boat Schedule *If necessary use another sheet of paper.*

Year	Make and Model	Length	Horsepower	OB/IB/IO	# Passengers	Guided

WATERCRAFT GENERAL INFORMATION **N/A**

- What type of operation do you have?
Other:

Boat Rentals	Fishing Trips	Tube or Canoe Rentals	Hunting
--------------	---------------	-----------------------	---------
- On what bodies of water does use take place?
If rivers, what classes are boated:

Rivers	Lakes	Ocean	Bays / Inlets
Class I	Class II	Class III	Class IV Class V
- Are life vests (PFD's) required? Yes No
- Are life vests (PFD's) provided? Yes No

GUIDE INFORMATION **N/A**

Name	Age	Years Experience	First Aid Qualifications

SALES AND REVENUE SECTION **N/A**

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

GROSS RECEIPTS

Actual Total Receipts for Prior 12 Months:

Estimated Total Receipts for Next 12 Months:

Type	Revenue
Membership Dues	\$
Rifle/Pistol Range	\$
Shotgun Range/Trap and Skeet	\$
Pro-Shop or Retail Operations	\$
Of this amount, how much are gun sales?	\$
Restaurant Sales	\$
Of this amount, how much are 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, please 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

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
 - iv. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):
 - v. If yes, is the testing & inspection by qualified sprinkler contractor completed within the past 12 months & includes a formal weatherization review? Yes No N/A
 - vi. 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 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: _____

