

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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www.scottsdaleins.com

Private Hunt Club General Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____

Agent _____

Address _____

E-Mail _____

Phone _____

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

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify): _____

Are the applicants a group of landowners or hunt clubs? ☐ Yes ☐ No

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

Describe all business operations conducted by applicant: _____

A. Number of acres: _____ **Type of game:** _____

B. Number of members: _____

Do members have valid hunting licenses?..... ☐ Yes ☐ No

Are members required to comply with federal and state gaming laws?..... ☐ Yes ☐ No

C. Type of weapons permitted: _____

D. Number of hunters at any one time: _____ **Controls:** _____

Are minors allowed on the premises? ☐ Yes ☐ No

If yes, is it required that they are accompanied by a member and/or parent at all times?..... ☐ Yes ☐ No

- E. **Number of ponds/lakes:** _____ **Size:** _____
Posted no swimming? ☐ Yes ☐ No
- F. **Swimming pools?** ☐ Yes ☐ No
- G. **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
- H. **Dams/levees?** ☐ Yes ☐ No
If yes, explain: _____
- I. **Is club open to the public?** ☐ Yes ☐ No
Receipts: _____
What safety controls are in place? _____

- J. **Any blinds or tree stands provided by the club?** ☐ Yes ☐ No
If yes, number of: blinds _____ tree stands _____
- K. **Protections, i.e., posted, fenced, etc.:** _____
- L. **Number of guests and how supervised:** _____

- M. **Any additional insureds?** ☐ Yes ☐ No
Provide names, addresses and interest:

- N. **Any sale of ammunition or firearms?** ☐ Yes ☐ No
Any reloads sold? ☐ Yes ☐ No
Is gunsmithing available? ☐ Yes ☐ No
- O. **Applicant providing firearms to hunters?** ☐ Yes ☐ No
- P. **Alcoholic beverages served/provided or sold?** ☐ Yes ☐ No
- Q. **Number of horses:** _____ **ATVs:** _____ **Snowmobiles:** _____ (owned by club)
What are they used for? _____
- R. **Nearest populated town:** _____ **Distance from club land:** _____
Nearest public road: _____ **Distance from club land:** _____
- S. **Overnight lodging?** ☐ Yes ☐ No
If yes, describe: _____
Square foot area: _____ **Number of beds:** _____
- T. **Describe other facilities and buildings:** _____

- U. **Does risk store LPG, flammable liquids, ammunition or explosives on the premises?** ☐ Yes ☐ No
If yes, type and quantity stored: _____

V. 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: _____

W. Total number of employees: _____

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

Y. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☐ No

If yes, explain: _____

Z. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

Previous Insurer and 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. ☐ See loss run attached

Year	Company	Policy No.	Premium	Losses Paid	Losses Reserved	Description

SCHEDULE OF HAZARDS

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

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.

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: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IOWA LICENSED AGENT: _____

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.

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