

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



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.

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.

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies
8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031
Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900
www.outdoorinsurance.com ▪ www.phly.com

PROPERTY SECTION	N/A
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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 to fire station? | | Miles |
| 4. Is the responding fire department staffed or volunteer? | | |
| 5. Distant 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 Yes No or contracted? | Yes | No |
| 14. 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. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 4. Do any buildings have wood burning fireplaces and/or woodstoves?
If yes, list building numbers: | Yes | No |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 5. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring?
If yes, list building numbers: | Yes | No |
| 6. Do you have power generating equipment? Yes No
If yes, is it 100% for emergency use only? Yes No List the size of each (HP & 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?
If yes, what date on average: | Yes | No |
| 5. Are the docks removed? | Yes | No |

ACTIVITIES SECTION		
Activities Conducted	Number of Guides	Number of Units

Activities Conducted	Number of Guides	Number of Units
Club Members		Members
Acreage-Leased		Acres
Acreage-Owned		Acres
Archery Range		Stations
Range (Rifle & Pistol) – indoor		
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. 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? Yards
6. What type and kind of backstop or berm is used?
Describe:

WATERCRAFT LIABILITY SECTION	N/A
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Boat Schedule <i>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:

FRAUD NOTICE STATEMENTS

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: "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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA RESIDENTS APPLICANTS: "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 OF THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE RESIDENTS APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Insured Signature Date

Title

Name of Authorized Producer or Broker Date

Signature Title