

BERKLEY UNDERWRITING PARTNERS**SUPPLEMENTAL INSURANCE APPLICATION FOR HUNTING LODGES, HUNTING PRESERVES, TRAP & SKEET AND SPORTING CLAYS OPERATIONS, AND ROD & GUN CLUBS**

Desired Effective Date _____

Today's Date _____

Producer: _____

This is an application for insurance. Completing this application does not make coverage effective. Contact your agent to make your insurance effective.**REQUIRED ATTACHMENTS**

With your application, please also attach:

- 1.) Brochures describing what you do.
- 2.) Other insurance applications (such as Acord) for other lines of coverage requested
- 3.) A copy of the liability waiver form you require your guests to sign
- 4.) A letter signed by the applicant about previous claim activity. If you have had a claim see page five.

Insured: _____

Mailing Address: _____

Mailing Address: (Town, State, Zip) _____

Insurance Contact Name(s) : _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: www. _____

Main Location: _____

From this location do you also operate other businesses? ☐ Yes ☐ No

If you operate other businesses please include information about them in pages which follow.

Do you operate out of more than one location? ☐ Yes ☐ No

Please record your other location(s) here:

(For multiple locations, use a separate sheet of paper.) _____

You set your business up as a:

☐ Partnership ☐ LLC ☐ Individual ☐ Corporation ☐ Other

Please Describe Your Business: _____

What limit(s) of liability are you applying for? ☐ \$1,000,000 ☐ Other : _____**Prior Carrier Information** If you are in Missouri, please leave the premium space blank.

	Insurance Company	Liability Limits	Premium
Current Year	_____	_____	_____
Previous Year	_____	_____	_____
Three Years Ago	_____	_____	_____

Additional Insured Certificates Requested (If necessary attach additional sheet)

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you conduct guided activities on land you own? ☐ Yes ☐ NoDo you operate your business year round? ☐ Yes ☐ NoIf this answer is "No" please **cross out** those months below **when your business does not operate:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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INFORMATION

Please tell us about yourself or about your organization (check off all that apply).

☐ We are a club	☐ We do not own land	☐ We lease our restaurant / bar to others to operate
☐ We are a commercial business	☐ We own land on which at least some of our activities take place	☐ We do not allow the consumption of beverages containing alcohol on our premises
☐ We are a hunting preserve	☐ We lease or sub-lease land to others	☐ We will serve beverages containing alcohol to guests or members who bring their own. We do not sell or provide beverages containing alcohol.
☐ Other – describe _____	☐ We own or lease a building in which at least some of our activities take place.	☐ We operate a restaurant and / or bar which sells or furnishes drinks containing alcohol
	☐ We own or lease a building which we lease out to others for special events	If you sell or furnish beverages containing alcohol, please record here your alcohol sales last year reported for state sales tax purposes: _____
	☐ We operate a clubhouse or main lodge	
	☐ We furnish lodgings to guests and or members	

Choose one: ☐ We operate a Not-for-Profit enterprise ☐ We operate a For-Profit enterprise

For clubs: Number of Members: _____ Membership is ☐ Open to the public ☐ Private

Land Use: Number of acres: Owned: _____ Leased from others: _____ Leased to others: _____

Game: Do you raise game birds for sales to others? ☐ Yes ☐ No

Birds: Do you sell game birds to food processors or to restaurants? ☐ Yes ☐ No

Farming: If you operate a farm, which crops or livestock do you raise? _____ Farm Receipts _____

Buildings: Do you have a Clubhouse? ☐ Yes ☐ No Do you have any other buildings ? ☐ Yes ☐ No
If yes, please describe: _____

Diagram: If you have two or more buildings of any type, please attach a diagram showing them and their spacing.

Waterways: On land you lease from others, is there access to a pond, lake, river, or ocean? ☐ Yes ☐ No
On land you own, is there access to a pond, lake, river, or ocean? ☐ Yes ☐ No

If Yes, do you have (check off those which apply) ☐ piers or docks ☐ refueling dock ☐ slips for rent

☐ boats for unguided use – if you have boats please complete the watercraft schedule in pages which follow.

Choose all that apply – ☐ we have a swimming pool ☐ we have a swimming area

If you have swimming do you have a diving board? ☐ Yes ☐ No

If you have a pool, is it surrounded by a fence with a self-closing gate? ☐ Yes ☐ No

Do you engage in businesses or activities on your premises which you do not want covered under the insurance you are applying for? ☐ Yes ☐ No

Guided Activities	☒ If applicable	Number of Guides	Unguided Activities	☒ If applicable	How many?
Waterfowl Hunting	☐		Archery Range	☐	Stations
Upland Bird Hunting	☐		Range (Rifle & pistol) outdoor	☐	Lanes
Big Game Hunting	☐		Range (Rifle & pistol) indoor	☐	Lanes
Boating Activities	☐		Trap and Skeet	☐	Stations
ATV Activities Guided	☐		Sporting Clays	☐	Stations
Other Explain:	☐		Retail Store / Pro Shop	☐	Receipts
			ATV Activities Unguided	☐	ATV s
Other Activities	☒ If applicable		Other Activities	☒ If applicable	
Cycling Tours on Public Roads	☐		Paintball Activities	☐	
Bike Rentals	☐		Jet ski/waverunner activities	☐	
Mountain Bike Riding	☐		Freshwater Tubing	☐	
Horseback Riding	☐		Kayak Tours / Rentals	☐	
Hayrides, sleighrides, wagon rides	☐		Scuba Diving	☐	
Downhill skiing	☐		Waterskiing	☐	
Cross-country skiing	☐		Whitewater Rafting	☐	
Dogsled Tours	☐		Survival training, "Boot camp," rehab, or other social service activity	☐	
Snowshoeing	☐		Climbing wall	☐	
Hiking / Backpacking	☐		Rock climbing	☐	
Jeep Tours or Airborne/Aircraft Tours Describe:	☐		Conducted operations outside the United States Describe	☐	
Youth Camps or Programs	☐		Other – please describe	☐	

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If you have a booklet of safety guidelines or procedures, including firearms safety guidelines or procedures, please attach those to this application when you submit it.

Do you have a webpage or a brochure?

☐ Webpage Yes

☐ Brochure Yes

How long have you been in business? _____

If your business is less than 3 years old, how many years of prior experience do you have? _____

Lodging Information

Check here if you do not provide Lodging ⇒ ☐ Not Applicable

Do all guest units contain smoke alarms? _____

Yes

No

Total number of units for guest rental

Maximum guest capacity?

RV Parks and Campgrounds: How many RV sites _____ and campsites _____ do you have available?

Special Event Information

Check here if you do not have Special Events ⇒ ☐ Not Applicable

How many field trial events do you hold each year? _____

Other than field trial events, how many special events do you have each year: _____

☐ One to four

☐ Five to ten

☐ Ten to fifteen

☐ Sixteen to twenty-five

☐ More than 25

If you have four or fewer events, please describe them below. If you have more than four, please attach a separate sheet with this information.

Type of event	How many per year	How many spectators?	How many volunteer workers?	How many Participants?	Receipts	

Hunting Information

Check here if you do not engage in hunting ⇒ ☐ Not Applicable

What percentage of your hunting operations are unguided? _____ %

What type of game is hunted?

☐ Deer ☐ Elk ☐ Bear ☐ Turkey ☐ Waterfowl ☐ Upland Birds ☐ Hogs ☐ Other Describe _____

Maximum number of hunters in the field? Guided : _____ Unguided : _____

Are tree stands or other elevated stands used? _____ Yes _____ No If yes, are safety harnesses required? _____ Yes _____ No

Do you furnish or sell safety harnesses? _____ Yes _____ No

HUNTER TRANSPORTATION

Below please check off how you transport hunters and how many of each type you use.

☐ ATV s How many? _____ Are helmets required? _____ Yes _____ No	☐ Horses How many? _____	☐ Snowmobiles How many? _____ Are helmets required? _____ Yes _____ No	☐ Boats How many? _____	☐ Other – Describe How many? _____
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Waiver Information

Do you require members to sign a waiver of liability? _____ Yes _____ No

Do you require every guest to sign a waiver of liability? _____ Yes _____ No

Do you require every client to sign a waiver of liability? _____ Yes _____ No

Do you require a parent or guardian to sign a waiver for any activities which their child or ward under the age of 18 engages in within the scope of what you do? _____ Yes _____ No

Do you require guests or clients to complete a health and physical fitness form? _____ Yes _____ No

Rifle Pistol Range Information

Check here if you do not have a shooting range

⇒ ☐ Not Applicable

If your shooting range(s) include outdoor range(s), is the perimeter fenced and are shooting range warning signs posted? _____ Yes _____ No

What are the hours when your shooting range operates? _____

When not operating are your outdoor and indoor ranges secured and locked? _____ Yes _____ No

Do you make your range available for use to law enforcement officers? _____ Yes _____ No

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Is a rangemaster / supervisor on the premises during shooting hours? ☐ Yes ☐ No

How do you qualify a customer, previously unknown to you, that requests unsupervised use of a shooting station?
Please explain:

Do you allow unsupervised shooting by customers under the age of 18? ☐ Yes ☐ No

How long is your maximum distance range?

What type of backstop, berm, or other barriers are used between range lanes and at the end of the ranges? Describe:

Sub-Contracting

Do you hire other firms (such as guide firms) as sub-contractors? ☐ Yes ☐ No

If the answer above is Yes,
what activities do you sub-out?

If you hire other firms as sub-contractors, do you require proof of insurance from them? ☐ Yes ☐ No

If you sub-contract work, please list the sub-contractor firms below:

Guide Information

Please list below the guides who work for you

Name	Age	Years of Experience	Credentials including First Aid Qualifications

What percentage of your guides are employees versus independent contractors?

%Employees %Independent Contractors

Do you operate a guide apprentice type of program before adding a candidate guide to your team? ☐ Yes ☐ No

What type of background checks do you perform before adding a candidate guide to your team? ☐ MVR check ☐ Drug Testing Other : ☐

Do guides carry communication devices? ☐ Yes ☐ No If yes, please describe below:

Watercraft Information

Check here if this does not apply to you ☐ Not Applicable

How are watercraft used in your business? (Check all that apply) ☐ Rented for waterskiing or similar tubing
☐ Guided fishing trips ☐ To transport hunters ☐ Provided/rented for use in other guided activities
☐ Rented out for unguided activities ☐ Other Please Explain

On what bodies of water do your guests use watercraft? ☐ Rivers ☐ Lakes ☐ Ocean ☐ Bays/Inland waterways

If you checked Rivers above, what classes of rivers are included? ☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V

When you provide watercraft, do you include the necessary number of lifevests (PFDs)? ☐ Always ☐ Most of the time

Do you rent watercraft to others? ☐ Yes ☐ No Are lifevests (PFDs) a required part of the rental? ☐ Yes ☐ No

If you rent out watercraft, what boats do you rent out? ☐ Kayaks ☐ Canoes ☐ Rowboats ☐ Driftboats
☐ Sailboats ☐ Tubes ☐ Jetskis/Waverunners ☐ Paddleboats ☐ Other - Explain

☐ Power boats shown below

BOAT SCHEDULE - **POWER BOATS** LIST BOATS BELOW (If more than five please attach a separate schedule.)

Length	HP	Year Made	Make & Model	OB / IB / IO	#Pas-sengers	%G (guided) %U (unguided)
						%G %U
						%G %U
						%G %U
						%G %U
						%G %U

BOAT SCHEDULE - **NON - POWER BOATS** - Next Page

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BOAT SCHEDULE – NON - POWER BOATS

Boat Type	Maximum available for use	Average Usage	%G (guided) %U (unguided)
Canoes			%G %U
Kayaks			%G %U
Tubes / Rafts			%G %U
Other boats Describe:			%G %U
How many guides engage in non-power boat activities? _____			

Revenue and Sales Information

In the upcoming annual policy term what amount of total receipts (including receipts for special events) do you expect?	\$
In your current annual policy period what amount of total receipts (including receipts for special events) do you expect?	\$

Are you licensed to sell new and used firearms and ammunition? ☐ Yes ☐ No

Category	Amount of Revenue	Additional Information
Club Membership dues	\$	Game bird sales to others \$ _____ Ski Equipment Sales and or Rental \$ _____ How many new handguns sold? _____ How many used handguns sold? _____
Revenues from operating range(s) for rifles or pistols	\$	
Revenues from operating range(s) for shotguns/trap & skeet	\$	
New Gun Sales	\$	
Used Gun Sales	\$	
New Ammo Sales	\$	Guest Revenue from Lodgings \$ _____ Restaurant sales excluding beverages containing alcohol \$ _____ Package Beer, Wine, Liquor \$ _____
Reloaded Ammo Sales	\$	
Gunsmithing, Repair/ Restoration	\$	
Archery Equipment Sales or Rental	\$	
Tree Stand Rental	\$	
Tree Stand Sales	\$	
General Store	\$	
Other Describe	\$	

Prior Loss Information

Date of Loss	Description of Incident	Amount Paid / Reserved
		\$
		\$
Are you aware of any incident not shown above, which may lead to a claim? ☐ Yes ☐ No If Yes, please describe:		

Other Business Pursuits

Do you have other business pursuits for which coverage is not requested here? ☐ Yes ☐ No If Yes, please describe:
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FRAUD WARNINGS

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

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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.

FLORIDA

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."

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

WARNING: 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."

OTHER STATES AND TERRITORIES other than Hawaii

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [New York: substantial] civil penalties. (In D.C., Louisiana, Maine, Tennessee, Virginia, and Washington, insurance benefits may also be denied.)

I hereby certify that all information is accurate to the best of my knowledge.	I hereby certify that all information is accurate to the best of my knowledge.
Applicant Signature Date	Producer Date

STATEMENT OF NO KNOWN LOSSES

I _____,
(Insured's Principal Name)

on behalf of _____,
(Insured's Business Name)

Confirm we have had no claims in the last five (5) years. Further, it is confirmed that we have no knowledge of any accidents or incidents which may give rise to a claim in the last five (5) years.

Any exceptions to this statement are to be described in the box below.

_____ signed _____
(Insured's Signature) (Today's Date)

EXCEPTIONS TO THE ABOVE STATEMENT