



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

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.

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 NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



OUTDOOR RECREATIONAL CLUBS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Do you have paint ball operations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Do you have hunting operations that involve grizzly or polar bears, big horn sheep, alligators or wild boar? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Do you offer Gulf of Mexico fishing, ocean fishing, catfish noodling or whitewater rafting? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you offer gunsmith services? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Do you offer mountaineering or rock climbing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you offer services involving aircraft, hot air balloons or hang gliding? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Do you offer rental or sales of fully automatic machine guns? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Are more than 15% of your annual revenues generated from firearms sales? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Do you provide any ATV rental, organize ATV trail rides or provide ATV trails/routes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

GENERAL INFORMATION

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Are owned horses used by members or clients? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are ATV's or snowmobiles provided for clients or members? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are UTV's (side-by-side seating) provided for clients or members? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you have tree stands or raised/elevated platforms? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are alcoholic beverages provided or consumed without a charge? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a. Are ID's checked to verify the age of those being served? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Are procedures in place for the handling of intoxicated patrons? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Are there youth hunting programs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Are clients or members required to sign waivers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Do you have operations on the Great Lakes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Do you reload or sell reloaded ammunition? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

OTHER EXPOSURES

1. What is the area of the Club House? _____

2. Number of rifle ranges / pistol ranges? _____ / _____
3. Number of archery ranges? _____
4. Number of sporting clay, trap, skeet stations? _____ / _____ / _____
5. Number of members? _____
6. Number of lakes, ponds, rivers or similar water exposures? _____
7. Number of acres (lakes, ponds, rivers or similar water exposures)? _____
8. Land owned or leased? _____ Number of acres _____
9. Number of boats available for rent? _____
10. Type of boats? _____
11. Number of boat docks or slips? _____
12. Number of kennels? _____
13. What is the area of any rental halls? _____
14. What are the annual sales from the following operations: _____
 - Guns: \$ _____
 - Pro shop: \$ _____
 - Hunting preserves (open to the public): \$ _____
 - Hotel or lodging: \$ _____
 - Boat rental: \$ _____

If the applicant has food sales please complete the **Restaurant Questionnaire – CGE 119.**

If the applicant has events open to the public please complete the **Special Events Questionnaire – CGE 121.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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