

GENERAL INFORMATION

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

_____ FEIN: _____
(Please include all organizations that are to be included as insureds)

Mailing Address: _____

_____ County: _____

Location Address: _____
(If different from above. No P.O. Boxes Please.)

_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If yes, for how long? _____

Carrier Name? _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name: _____

BUSINESS INFORMATION

Description of Business: _____

Description of organization: Sole Proprietorship Partnership Corporation Other _____

Check all that apply to your operation:

For Profit Not for Profit Open to Public Private Membership

Years in operation: _____ *(Minimum Requirement: 3 Years in Operation)*

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? Yes No

If yes, please provide dates, coverage and explanation: _____

Are you a member of any state or regional association? Yes No

If yes, please list: _____

Do you operate any other business from this location? Yes No

If yes, please describe: _____

Are any operations conducted outside of the United States? Yes No

Is there a formal maintenance program for the grounds and public traffic areas? Yes No

Do you provide any youth activities or programs? Yes No

If yes, please describe: _____

Do you sell alcohol? Yes No

If yes, please complete and attach the Liquor Supplement.

CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate \$1 million/\$2 million \$1 million/\$3 million

Damage to Rented Premises \$100,000

Medical Payments \$5,000

CERTIFICATES OF INSURANCE & ADDITIONAL INSURED

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.

For Additional Insureds, describe their interest in your business.

| Loc. No. | Name & Address | Certificate of Insurance | Additional Insured |
|-------------------|----------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Interest | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Interest | | | |

EXPOSURE INFORMATION

Expiring Policy estimated total receipts: \$ _____

Next 12 month's estimated total receipts: \$ _____

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver? Yes No

| Exposures | # of Units |
|---|--------------------------------------|
| <input type="checkbox"/> ATV/Snowmobile Operations (complete section below) | |
| <input type="checkbox"/> Available Land For Your Use | _____ Acres Owned _____ Acres Leased |
| <input type="checkbox"/> Big Game Hunting | |
| <input type="checkbox"/> Boats/Watercraft (complete section below) | _____ Owned _____ Leased/Rented |
| <input type="checkbox"/> Clubhouse | _____ Square Footage |
| <input type="checkbox"/> Club Members | _____ Members |
| <input type="checkbox"/> Horseback Riding (complete section below) | |
| <input type="checkbox"/> Lakes and/or Ponds | _____ |
| <input type="checkbox"/> Practice Ranges | _____ Type: _____ |
| <input type="checkbox"/> Upland Bird Hunting | |
| <input type="checkbox"/> Waterfowl Hunting | |

What activities, other than those identified above, are conducted or take place at your business?

ATV/SNOWMOBILE OPERATIONS

Are ATV's/Snowmobiles for official use only? Yes No

What is the average number of events you have annually that involve the use of ATV's/Snowmobiles? _____

Are helmets required? Yes No

Are helmets provided? Yes No

Do you conduct a pre-ride safety briefing? Yes No

Is there a formal maintenance program for owned ATVs/Snowmobiles? Yes No

Do you provide mechanical service and/or sell mechanical parts for non-owned ATVs/Snowmobiles? Yes No

BOATS/WATERCRAFT INFORMATION

Are boats for official use only? Yes No

What percentage of your watercraft operations is unguided? ___ %

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Doos and/or Waverunners)? Yes No

On what type of water does use take place? (Please check all that apply).

Rivers Lakes/Ponds Ocean Bays/Inlets

If use takes place on rivers, what is the river classification(s)?

Class I Class II Class III Class IV Class V

Are life vests/personal floatation devices required? Yes No

Are life vests/personal floatation devices provided to your guests? Yes No

Non-Motorized Watercraft

| Boat Type | # Used |
|---|--------|
| <input type="checkbox"/> Canoes/Kayaks | _____ |
| <input type="checkbox"/> Row Boats/Paddle Boats | _____ |
| <input type="checkbox"/> Float Tubes/Rafts | _____ |

Motorized Watercraft

| Year | Make & Model | Length | HP | OB / IB / IO | # Pass | Guest Operated |
|------|--------------|--------|----|--------------|--------|--|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

****If physical damage/hull coverage is required, please attach the applicable ACORD application****

HORSEBACK RIDING INFORMATION

Are horses for official use only? Yes No

If no, please answer the following questions:

Do you require the use of helmets for all riders age 12 and under? Yes No

Do you ever allow double riding? Yes No

Do you conduct a pre-ride safety briefing? Yes No

Do you provide a written safety manual outlining procedures to staff members? Yes No

List any reasons why you would decline a person from riding (health, age, alcohol etc.) _____

What is the average number of events you have annually that involve the use of horses? _____

What is the average number days per event? _____

What is the average number of horses used per day/event? _____

SPECIAL EVENTS/DOG TRIAL INFORMATION

| Event Type | # Held |
|--|--------|
| <input type="checkbox"/> Annual Events | _____ |
| <input type="checkbox"/> Hunt Tests | _____ |
| <input type="checkbox"/> Meetings | _____ |
| <input type="checkbox"/> Social Events | _____ |
| <input type="checkbox"/> Training Sessions | _____ |

Do you provide guard dog training or handling? Yes No

What is the minimum age of volunteer gunners/bird boys? _____

Do you have a written safety program for hunt tests? Yes No

If yes, please attach a copy.

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million): \$ _____

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ BI by Disease Policy Limit

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

ADDITIONAL COVERAGES AVAILABLE

For Business Automobile, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
(current year)

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

CLAIMS HISTORY

Have there been any claims or losses in the last five years? Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

| DOL | DESCRIPTION | STATUS | AMOUNT |
|-----|-------------|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Attach separate pages if needed. Provide the carrier loss runs if available.

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- A complete drivers list with driver names, license numbers, dates of birth and date of hire (if auto coverage requested).
- All available brochures.
- Copies of waivers currently in use and/or entry forms containing complete rules and membership agreements.

A quotation will not be offered if the attachments are not included with the application.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

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.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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 DELAWARE - DELAWARE FRAUD STATEMENT

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

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.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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 or a denial of insurance benefits.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for 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.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

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.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: 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 violation.

Auto: Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the 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.

APPLICABLE IN OKLAHOMA - OKLAHOMA WARNING

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.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

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.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA - VIRGINIA FRAUD STATEMENT

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.

APPLICABLE IN WASHINGTON - WASHINGTON FRAUD STATEMENT

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.

APPLICABLE IN WEST VIRGINIA - WEST VIRGINIA FRAUD STATEMENT

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.

GENERAL FRAUD STATEMENT

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 CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied).

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature _____ Date: _____