

**LEASED & OWNED LAND HUNT CLUB
GENERAL INFORMATION & INSTRUCTIONS**

OutdoorsInsurance.Com
P.O. Box 6336 Wheeling, WV 26003
Toll Free 866-695-9040 FAX: 740-695-9053
Website: www.outdoorsinsurance.com

**** IF HORSES OR ANIMALS OTHER THAN DOGS ARE USED CALL
866-695-9040 BEFORE COMPLETING APPLICATION.**

**** COVERAGE IS NOT AVAILABLE IN ALASKA, HAWAII, OR
LOUISIANA.**

**** PREMIUM INCLUDES ANY & ALL LANDOWNERS LISTED ON THE
APPLICATION AS ADDITIONAL INSURED.**

**** COMMERCIAL GENERAL LIABILITY FORM: CG 00 01 10 01
LIMITS OF COVERAGE:**

\$2,000,000 AGGREGATE LIMIT
\$2,000,000 PRODUCTS AND COMPLETED OPERATIONS
\$1,000,000 PERSONAL INJURY AND ADVERTISING INJURY LIMIT
\$1,000,000 OCCURRENCE LIMIT
\$ 100,000 FIRE LEGAL LIABILITY
\$ 1,000 MEDICAL EXPENSE

**** PREMIUM CALCULATION BASED ON THE INFORMATION
CONTAINED ON THE APPLICATION. COMPLETE ALL SECTIONS THAT
PERTAINS TO THE CLUB'S OPERATION INCLUDING THE LOSS
INFORMATION. REQUIRED EVEN FOR A NEW CLUBS**

**** ATVs TO BE USED ONLY FOR HUNTING PURPOSES. TRAVEL
TO AND FROM STANDS, GAME RETRIEVAL, AND GENERAL FOOD PLOT
TYPE WORK. MINIMUM AGE FOR OPERATION IS 16.**

**** SAFETY HARNESES ARE REQUIRED FOR TREE STAND HUNTING.**

**** REPORT ANY AND ALL INCIDENTS OF INJURY AND PROPERTY
DAMAGE TO OUTDOORS INSURANCE @ 866-695-9040.**

OUTDOORS INSURANCE.COM

CALL A **SPORTSMAN** ABOUT INSURANCE

LEASED & OWNED LAND HUNT CLUB APPLICATION

EMAIL ADDRESS: tim@outdoorsinsurance.com

NAMED INSURED: _____

Principle Contact: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Business Form: Individual Partnership Corporation LLC Other

Website Address: _____

Effective Date of Coverage: _____

LIMIT OF LIABILITY: \$1,000,000 Occurrence/\$2,000,000 Aggregate

PRIOR INSURANCE INFORMATION:

INSURANCE CO.	LIMITS OF LIABILITY	PREMIUM
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Current Year: _____

Last Year: _____

Two Years Ago: _____

PREMISES LOCATION:

Identify each location(s) of property both owned and leased.

Example: 10 Miles south of Elk, Ga. and 3 miles west on Snake Rd., County of Tucker. Use separate sheet if necessary.

**THIS IS AN APPLICATION
AND NOT A BINDER OF INSURANCE**

INFORMATION SECTION:

Acreage – Leased # _____ of acres
Acreage – Owned # _____ of acres
Total Annual Lease Cost \$ _____
Club Members # _____
Clubhouse # _____ square feet
Boats # _____
Docks and Piers # _____
Lakes or Ponds # _____
Farming: Crops, Livestock, Timber (income producing) \$ _____ Revenues
Any Youth Programs: Describe _____

Check all that apply to your operation:

____ For Profit ____ Not-for-Profit ____ Events open to Public ____ Private Membership

Is permit or fee hunting or fishing allowed? ____ Yes ____ No

Is club property posted? ____ Yes ____ No

How many years have you been operating? # _____

List club safety procedures and /or attach safety guidelines and club rules:

What type of game is being hunted?

____ Deer ____ Turkey ____ Waterfowl ____ Upland Birds ____ Hogs ____ Bear

____ Other if other, please describe: _____

Are Tree Stands Used? ____ Yes ____ No

* If yes, safety harnesses are required

Are any of the following used by members to transport hunters, retrieve game, or for food plots?

ATVs # _____

Snowmobiles # _____

Boats # _____

Other Unlicensed Vehicles (swamp buggy etc.) # _____

If ATV's and/or snowmobiles are used are helmets required while riding? ____ Yes ____ No

ADDITIONAL INSUREDS (Landowners) – use separate sheet if necessary

Name: _____ Complete Address: _____ Interest: _____

STATEMENT OF LOSSES – list all losses, claims, occurrences, and/or circumstances which may have in the past or will within the future give rise to an insured loss. Include the last 4 years and this year in your analysis. Your analysis **MUST** include all of the following.

Date of Loss

Coverage, i.e. liability

Type of loss, i.e. bodily injury

Description, i.e. broken ankle while turkey hunting

****Amount incurred** include paid plus reserves, i.e.\$5200

If there have been no claims, please state below.

****** If you are unsure of the amount incurred, please forward loss reports from your insurance company for the same four year period. This letter is not acceptable.

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 there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Additionally, the insurance company may deny the claim.

INSURED

SIGNATURE _____ **DATE** _____

PRINT NAME _____ **TITLE** _____