

**USSA CLUB INSURANCE PROGRAM  
GENERAL INFORMATION AND INSTRUCTION**

OutdoorsInsurance.Com

P.O. Box 6336 Wheeling, WV 26003

Toll Free 866-695-9040 FAX: 740-695-9053

Website: [www.outdoorsinsurance.com](http://www.outdoorsinsurance.com)

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

**\*\* GENERAL LIABILITY FORM: CG 00 10 01**  
CHECK LIMITS REQUESTED ON THE APPLICATION

**\*\* COVERGE NOT AVAILABLE IN ALASKA, HAWAII, AND LOUISIANA.**

**\*\* PREMIUM CALCULATION BASED** ON THE INFORMATION CONTAINED ON THE APPLICATION. COMPLETE ALL SECTIONS THAT PERTAINS TO THE OPERATION OF THE CLUB INCLUDING THE LOSS INSORMATION SECTION. **REQUIRED EVEN FOR A NEW CLUB.**

**\*\* 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 REQUIRED** FOR TREE STAND HUNTING.

**\*\* WAIVERS / RELEASES ARE REQUIRED** TO BE EXPLAINED AND **SIGNED BY NON-MEMBER PARTICIPANTS** AND KEPT ON FILE. ATTACH A COPY WITH THE APPLIATION. EXAMPLES ARE AVAILABLE IF NEEDED.

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

# OUTDOORS INSURANCE.COM

CALL A **SPORTSMAN** ABOUT INSURANCE

## USSA CLUB INSURANCE APPLICATION

EMAIL ADDRESS: [tim@outdoorsinsurance.com](mailto:tim@outdoorsinsurance.com)

**NAMED INSURED:** \_\_\_\_\_

Principle Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website address for club: \_\_\_\_\_

Business Form:  Corporation  Partnership  Individual  LLC  Other

Effective Date Requested: \_\_\_\_\_

### LIMIT OF LIABILITY REQUESTED:

\_\_\_\_\_ \$ 500,000 Occurrence/\$1,000,000 Aggregate

\_\_\_\_\_ \$1,000,000 Occurrence/\$2,000,000 Aggregate

### PRIOR INSURANCE INFORMATION:

	Insurance Carrier	Limits of Liability	Premium
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Current year: \_\_\_\_\_

Last year: \_\_\_\_\_

Two years ago: \_\_\_\_\_

### ADDITIONAL INSUREDS (Landowners) –use separate sheet if necessary

Name:	Complete Address:	Interest:
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PREMISE LOCATION: (either street address or general location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**ACTIVITIES:**

- Acreage – Leased # \_\_\_\_\_ of acres
- Acreage – Owned # \_\_\_\_\_ of acres
- Club Members # \_\_\_\_\_ of members
- Clubhouse # \_\_\_\_\_ square feet
- Lodging # \_\_\_\_\_ rooms
- Range (Rifle & Pistol) -Indoors # \_\_\_\_\_ lanes
- Range (Rifle & Pistol) –Outdoors # \_\_\_\_\_ lanes
- Sporting Clay # \_\_\_\_\_ stations
- Trap / Skeet # \_\_\_\_\_ ranges
- Archery Range(s) # \_\_\_\_\_ stations
- Liquor Sales \$ \_\_\_\_\_
- Restaurant Sales \$ \_\_\_\_\_
- Retail Store Sales \$ \_\_\_\_\_
- Docks & Piers # \_\_\_\_\_
- Ponds & Lakes # \_\_\_\_\_
- Farming: Crops, Livestock, Timber (income producing) \$ \_\_\_\_\_ Revenues
- Youth Programs (overnight only)
- Hunting (see hunting section)

Check all that apply to your operation:

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

1. Do you require participants (non members) to sign a liability waiver?  Yes  No
2. How many years have you been operating? \_\_\_\_\_ yrs.
3. If you are a new club, do founding members have prior experience?  Yes  No
4. Do you hire anyone as a subcontractor? (guides, maintenance, etc.  Yes  No  
If yes, do you obtain proof of insurance  Yes  No

List Safety Procedures and/or Attach Safety Guidelines:

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**CLUBHOUSE / LODGING SECTION:**

N/A \_\_\_\_\_

- Total number of units/rooms for lodging: # \_\_\_\_\_
- What is the square footage of main lodge or clubhouse? \_\_\_\_\_ sq. ft.
- Maximum quest capacity is: # \_\_\_\_\_
- Do clubhouse/cabins/units have smoke alarms?  Yes  No
- Do you have a caretaker?  Yes  No
- So you have a swimming pool area?  Yes  No
- If yes, do you have a diving board?  Yes  No

**HUNTING SECTION:**

N/A \_\_\_\_\_

What percentage of your hunting operations are unguided ? \_\_\_\_\_ %

What type of game is being hunted?

\_\_\_ Elk \_\_\_ Deer \_\_\_ Exotics \_\_\_ Bear \_\_\_ Turkey \_\_\_ Waterfowl \_\_\_ Hogs  
\_\_\_ Upland Birds Other if other, please describe: \_\_\_\_\_

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

ATV's # \_\_\_\_\_

Snowmobiles # \_\_\_\_\_

Boats # \_\_\_\_\_

Other Unlicensed Vehicles (swamp buggy, etc.) # \_\_\_\_\_

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

**FIREARM RANGE SECTION:**

N/A \_\_\_\_\_

Is a rangemaster/supervisor on premises during shooting hours? \_\_\_ Yes \_\_\_ No

What is the minimum age of an unsupervised shooter? (Minimum 18) \_\_\_\_\_ Yrs.

Are the premises secured and locked when not operating? \_\_\_ Yes \_\_\_ No

Are range rules and safety guidelines posted in a conspicuous manner? \_\_\_ Yes \_\_\_ No

What is the maximum distance of ranges? \_\_\_ Yes \_\_\_ No

What type and kind of backstop or berm is used? \_\_\_\_\_

**SPORTING CLAY/TRIP/SKEET RANGE SECTION:**

N/A \_\_\_\_\_

Is a rangemaster/supervisor on premises during shooting hours? \_\_\_ Yes \_\_\_ No

What is the age of an unsupervised shooter? (Minimum 18) \_\_\_\_\_ Yrs.

Are the premises secured and locked when not operating? \_\_\_ Yes \_\_\_ No

Are range rules and safety guidelines posted in a conspicuous manner? \_\_\_ Yes \_\_\_ No

What is the maximum distance of ranges? \_\_\_\_\_

What type and kind of backstop or berm is used? \_\_\_\_\_

**ARCHERY RANGE SECTION:**

N/A \_\_\_\_\_

Is a rangemaster/supervisor on premises during shooting hours? \_\_\_ Yes \_\_\_ No

What is the age of an unsupervised shooter? (Minimum 16) \_\_\_\_\_ Yrs.

Are the premises secured and locked when not operating? \_\_\_ Yes \_\_\_ No

Are range rules and safety guidelines posted in a conspicuous manner? \_\_\_ Yes \_\_\_ No

What is the maximum distance of ranges? \_\_\_\_\_

What type and kind of backstop or berm is used? \_\_\_\_\_

**WATERCRAFT LIABILITY SECTION:**

**N/A** \_\_\_\_\_

Year	Make & Model	Length	HP	OB/IB/IO	#Pass	Guided Yes ___ No ___
_____	_____	_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	_____	_____	Yes ___ No ___

How are boats used?

\_\_\_ Hunting \_\_\_ Fishing \_\_\_ Boat Rental \_\_\_ Other, describe

On what bodies of water does use take place?

\_\_\_ Rivers \_\_\_ Lakes/Ponds \_\_\_ Ocean \_\_\_ Bays/Inlets

If rivers, what classes are boated?

\_\_\_ Class I \_\_\_ Class II \_\_\_ Class III \_\_\_ Class IV \_\_\_ Class V

Are life vests (PFDs) required? \_\_\_ Yes \_\_\_ No

Are life vests (PFDs) provided? \_\_\_ Yes \_\_\_ No

**SALES SECTION:**

Do you raise, sell, or train dogs for anything other than bird hunting? \_\_\_ Yes \_\_\_ No  
(ex. Guard dogs, attack dogs, obedience dogs) if yes, explain:

Do you raise game birds for sale to others? \_\_\_ Yes \_\_\_ No

Do you sell hand guns, shotguns, rifles? \_\_\_ Yes \_\_\_ No

Do you sell used guns? \_\_\_ Yes \_\_\_ No

Do you sell state hunting/fishing licenses? \_\_\_ Yes \_\_\_ No

**ANNUAL GROSS REVENUES:**

Membership Dues	\$ _____
Rifle/Pistol/Archery Ranges	\$ _____
Trap/Skeet Ranges	\$ _____
Pro-Shop or Retail Sales	\$ _____
Gun Sales	\$ _____
Restaurant Sales	\$ _____
Liquor Sales	\$ _____
Lodging	\$ _____
Game Bird Sales	\$ _____
License Sales	\$ _____
Fund Raising	\$ _____
Miscellaneous	\$ _____
<b>Total Gross Annual Receipts</b>	<b>\$ _____</b>

**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.

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**\*\*** 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** \_\_\_\_\_