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hullandco-texas.com

Private Hunt Club General Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____
Agent _____
Address _____

E-Mail _____
Phone _____

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

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

Are the applicants a group of landowners or hunt clubs? Yes No

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

Describe all business operations conducted by applicant: _____

A. Number of acres: _____ **Type of game:** _____

B. Number of members: _____

Do members have valid hunting licenses?..... Yes No

Are members required to comply with federal and state gaming laws?..... Yes No

C. Type of weapons permitted: _____

D. Number of hunters at any one time: _____ **Controls:** _____

Are minors allowed on the premises?..... Yes No

If yes, is it required that they are accompanied by a member and/or parent at all times?..... Yes No

- E. Number of ponds/lakes:** _____ **Size:** _____
 Posted no swimming?..... Yes No
- F. Swimming pools?** Yes No
- G. Number of boats:** _____ **Number of boats in excess of 26 ft. or with motors over 75 HP:** _____
 Are Coast Guard approved flotation devices provided for each passenger?..... Yes No
- H. Dams/levees?**..... Yes No
 If yes, explain: _____
- I. Is club open to the public?**..... Yes No
 Receipts: _____
 What safety controls are in place? _____

- J. Any blinds or tree stands provided by the club?** Yes No
 If yes, number of: blinds _____ tree stands _____
- K. Protections, i.e., posted, fenced, etc.:** _____
- L. Number of guests and how supervised:** _____

- M. Any additional insureds?** Yes No
 Provide names, addresses and interest:

- N. Any sale of ammunition or firearms?** Yes No
 Any reloads sold?..... Yes No
 Is gunsmithing available?..... Yes No
- O. Applicant providing firearms to hunters?** Yes No
- P. Alcoholic beverages served/provided or sold?** Yes No
- Q. Number of horses:** _____ **ATVs:** _____ **Snowmobiles:** _____ (owned by club)
 What are they used for? _____
- R. Nearest populated town:** _____ **Distance from club land:** _____
 Nearest public road: _____ **Distance from club land:** _____
- S. Overnight lodging?** Yes No
 If yes, describe: _____
 Square foot area: _____ **Number of beds:** _____
- T. Describe other facilities and buildings:** _____

- U. Does risk store LPG, flammable liquids, ammunition or explosives on the premises?** Yes No
 If yes, type and quantity stored: _____

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.

APPLICABLE IN THE STATE OF NEW YORK:

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 such violation.

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'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IOWA LICENSED AGENT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"