

Hunting Lease Application

Club Name:	
Contact Person:	
Mailing Address:	
Phone Number:	Fax Number:
Effective Date:	Website: www.
Business Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Limit of Liability Offered: \$1,000,000 Occurrence/\$2,000,000 Aggregate	

Prior Carrier Information

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Loss History

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

Do you have knowledge of any incident which may lead to a claim? Yes No
 If yes, please describe:

Premise Information

Identify below the location(s) of property leased by the club. Attach additional page if necessary.
 Example: Smith Farm, off Hwy 431, 5 miles South of Camden, SC in Kershaw County.

Application Submitted By: <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Club Member			
NAME:			
CONTACT:			
ADDRESS:			
TELEPHONE:		FAX:	

THIS IS AN APPLICATION FOR INSURANCE.
 THIS IS NOT A BINDER OF INSURANCE.

Club Section

Activities Conducted	# of Units
<input type="checkbox"/> Acreage-Leased	Acres
<input type="checkbox"/> Acreage-Owned	Acres
<input type="checkbox"/> Boats	
<input type="checkbox"/> Club Members	Members
<input type="checkbox"/> Clubhouse	Square Feet
<input type="checkbox"/> Docks & Piers	
<input type="checkbox"/> Farming: Crops, Livestock, Timber	\$ Revenues
<input type="checkbox"/> Lakes or Ponds	
<input type="checkbox"/> Lodging	Rooms
<input type="checkbox"/> Youth Programs	
Check all that apply to your operation:	
<input type="checkbox"/> For Profit	<input type="checkbox"/> Not-for-Profit
<input type="checkbox"/> Open to Public	<input type="checkbox"/> Private Membership
How many years have you been operating?	Years
Is permit or fee hunting or fishing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is club property posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List club safety procedures and/or attach safety guidelines and club rules:	

Hunting Section **N/A**

What type of game is being hunted?		
<input type="checkbox"/> Elk	<input type="checkbox"/> Deer	<input type="checkbox"/> Exotics
<input type="checkbox"/> Bear	<input type="checkbox"/> Turkey	<input type="checkbox"/> Waterfowl
<input type="checkbox"/> Upland Birds	<input type="checkbox"/> Hogs	<input type="checkbox"/> Alligators
<input type="checkbox"/> Other:		
Do you use any of the following to transport hunters? If so, how many.	<input type="checkbox"/> ATV's	
	<input type="checkbox"/> Horses	
	<input type="checkbox"/> Snowmobiles	
	<input type="checkbox"/> Boats	
	<input type="checkbox"/> Other Unlicensed Vehicles	

Exposure Information				
Use of helmets on ATV's is	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent <input type="checkbox"/> N/A
Use of muzzleloaders is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited
Use of pistols is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited
Use of modified weapons is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited
Tree stand use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
Tree stand safety harness use is	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent
Heavy Equipment use is (Tractors, bulldozers, etc.)	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
ATV, Hunting Buggy, Argo use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
Snowmobile use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
Sponsored youth events are	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
Members sign liability waivers	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent <input type="checkbox"/> N/A
Guests sign liability waivers	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent <input type="checkbox"/> N/A

Additional Insureds, if necessary use another sheet of paper		
Name	Complete Address	Interest

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with 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 RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: 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.

Date: _____ Signature: _____