

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

1.	Number of acres:	Types of game hunted:
2.	Number of members:	Total membership fees: \$

	Yes	No
3. Do you raise and release hunting/game animals into the club/preserve? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>

4. Are members required to comply with federal and state gaming laws?	<input type="checkbox"/>	<input type="checkbox"/>
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5. Are members allowed to bring guests? If yes, how are they supervised:	<input type="checkbox"/>	<input type="checkbox"/>
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6. Describe how the location is secured/protected (i.e. posted, fenced, etc.):

7. Types of weapons permitted:

8. Firearms <input type="checkbox"/> N/A	Yes	No
a. Do you provide firearms to hunters?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you sell ammunition or firearms?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is gunsmithing available?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are any reloads sold?	<input type="checkbox"/>	<input type="checkbox"/>

Reload Receipts: \$	Reload Sales: %
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9. **Physical Characteristics of Land**

a. Number of ponds/lakes/streams:	Size:
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	Yes	No
b. Is swimming allowed? <i>If yes, complete Water Hazards Supplement, S1055-CG.</i>	<input type="checkbox"/>	<input type="checkbox"/>

c. Are there any dams/levees? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
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d. Describe characteristics of the land (i.e. flat, mountainous, dwellings, roads, railroads, etc.):

10. Is club open to the public? If yes, describe safety controls in place:	<input type="checkbox"/>	<input type="checkbox"/>
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11. Are tree stands or blinds provided by the club?	<input type="checkbox"/>	<input type="checkbox"/>
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12. Check if any of the following are provided by the club: <input type="checkbox"/> Horses <input type="checkbox"/> ATVs <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Boats <input type="checkbox"/> Dogs		
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Explain:

13. Are operations seasonal? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
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14. Do you offer any overnight lodging? <i>If yes, complete Hotel/Motel Supplement, S2962-IL.</i> If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
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| | Yes | No |
| 15. Is there any cooking or food preparation on premises?
<i>If yes, complete Restaurant, Bar & Tavern Supplement, S369-IL.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are alcoholic beverages served, provided or sold?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |

Attach the following documentation:

- All available brochures
- Copy of contract(s)/waivers

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
