LOCKTON AFFINITY OUTDOOR

Hunt Clubs Property and General Liability
Application for Renewal

For Internal Use Only
Account #: _____
App Date: _____
Target $: _____
Indication? Yes _____ No _____
Need by: _____
Rep: _____

Club Name _____
Mailing Address _____
City _____
State _____ ZIP _____
Telephone # _____ Email _____
Contact Person _____
Is electronic delivery of policy documents acceptable? ❑ Yes ❑ No, please mail me a paper copy of my policy documents

General Information

Total Number of Locations Hunted: _____ Total Acreage Hunted: _____

Current Number of Members: _____

Schedule of Locations

List of all locations: (If no physical street address is available, please include either a map of the local area detailing each location, or directions from a local landmark, or the legal description filed with the local courthouse)

Location #: _____ _____
Street City County State ZIP
Or legal description filed with the local courthouse: _____
_____
Number of Acres: _____ Description of Use: _____
❑ Owned ❑ Leased ❑ Land Only ❑ Building Occupied

Location #: _____ _____
Street City County State ZIP
Or legal description filed with the local courthouse: _____
_____
Number of Acres: _____ Description of Use: _____
❑ Owned ❑ Leased ❑ Land Only ❑ Building Occupied

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Insurance Program administered by Lockton Affinity, LLC
Not available in New York or Washington.

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Additional Insured / Landowners

Location #: _____ Owner: _____ ❑ Issue Cert

Mailing Address: _____
Street City County State ZIP

Location #: _____ Owner: _____ ❑ Issue Cert

Mailing Address: _____
Street City County State ZIP

Are there any other additional Interests to be added to the policy other than landowners? ❑ Yes ❑ No
If yes, please provide details _____

If there are more than 2 Additional Insureds, please list on a separate page.

General Operations

Are you in compliance with all Local, State, or Federal Statutes? ❑ Yes ❑ No
Do you provide firearms training, safety, or instruction? ❑ Yes ❑ No
If **yes**, do you want a quotation for Instructors' Liability (not covered by this policy)? ❑ Yes ❑ No
Do you require safety instruction to all new shooters who don't exhibit proficiency? ❑ Yes ❑ No
Do you require a signed Waiver or Hold Harmless Agreement for all club guests? ❑ Yes ❑ No
Does your club hold or participate in historical re events, carnivals, fairs, rodeos, rock concerts, motorized racing, wrestling, boxing matches or fireworks displays? ❑ Yes ❑ No
Are you involved in the promotion, sponsorship, or organization of any gun shows? ❑ Yes ❑ No
If **yes**, would you like a quotation for general liability coverage for gun shows you sponsor or promote (not covered by this policy)? ❑ Yes ❑ No
Does your club own or allow the use of ATVs/UTVs on leased/owned property? ❑ Yes ❑ No
If **yes**, are they used ONLY for transporting people/equipment to and from hunting sites? ❑ Yes ❑ No
Do you operate any watercraft over 26ft in length or have engines greater than 150 horsepower? ❑ Yes ❑ No
Is your club involved in any land management such as controlled burns, logging or chemical application? ❑ Yes ❑ No
If **yes**, please contact your representative, there will need to be more information gathered on these operations.
Does your Club have a lake/pond on premises? ❑ Yes ❑ No
If **yes**, are ice skating/hockey, water skiing, wakeboarding or similar activities allowed or conducted? ❑ Yes ❑ No
Does your Club have a swimming pool? If **yes**, a Supplemental Application is required. ❑ Yes ❑ No
Does your Club have food/drink sales of more than $50,000 per year? ❑ Yes ❑ No
If **yes**, what is the total food/drink sales annually? $_____
Does your Club have off premises food/drink sales of more than $1,000 per year? ❑ Yes ❑ No
If **yes**, what is the total off premises food/drink sales annually? $_____

Coverage Section

Liability Limits: ❑ $1,000,000/2,000,000 ❑ Other:

❑ Hired and nonowned auto

Do you own any auto under the named insured seeking coverage on this policy? ❑ Yes ❑ No

Are members auto used in **regular** daily business operations? ❑ Yes ❑ No

❑ GL extension endorsement*
*Blanket additional insured/waiver of subrogation/primary and noncontributory

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Please complete a separate page for each location to be insured:
If you require GL only then write "GL" in the LOC blank to the right and skip this page → LOCATION #: _____

PROPERTY SECTION:

	Total amount	Deductible	Co.-Ins.	ACV	RC	Blanket
❑ Building	$ _____	$ 1,000	80%	❑	❑	❑
❑ Business personal property	$ _____	$ 1,000	80%	❑	❑	❑
❑ Property of others***	N/A see page 5					
			Monthly limitation			
❑ Business income including extra expense	$ _____		❑1/4 ❑ 1/3 ❑ 1/6 ____% Co-Ins.			

We must have the building information regardless if you need to insure the building or not, it helps us rate the risk.
Year built: _____ Sq. ft. **you** occupy: _____ Number of stories: _____
1st floor sq. ft. _____ 2nd floor sq. ft. _____ 3rd floor sq. ft. _____ Basement: _____
Total sq. ft. _____ Distance to fire hydrant: _____ Distance to fire dept: _____

Construction: ❑ Frame ❑ Joisted masonry ❑ Noncombustible (metal)
❑ Masonry noncombustible ❑ Modified fire resistive ❑ Fire resistive

Date of updates (if bldg over 30 years old): Roof: _____ Plumbing: _____ Heating: _____ A/C: _____
Is the roof covered with shake shingle roofing material? ❑ Yes ❑ No
Date of updates (if bldg over 40 years old): Electrical _____
Do you have circuit breakers and **not** fuses, knob and tube or aluminum wiring? ❑ Yes ❑ No

Building: ❑ Owned *If owned, do you have other **tenants** leasing space from you?* ❑ Yes ❑ No
Do you require certificate of insurance from tenant showing $1m in premises liability with you as an additional insured? ❑ Yes ❑ No
Building: ❑ Leased *If leased, are you required **by lease** to carry building insurance?* ❑ Yes ❑ No
Is the premises equipped with an automatic sprinkler system? ❑ Yes ❑ No
Are there any habitational occupancies/residencies in the Building? (***supplement required***) ❑ Yes ❑ No
Are any buildings equipped with restaurant or kitchen facilities? (***supplement required***) ❑ Yes ❑ No
The automatic alarm system covers (check all that apply):
❑ Burglar ❑ Fire ❑ Smoke alarm ❑ Central station monitored? ❑ Police station monitored ❑ Local only?
Describe burglar alarm system in detail:
Make/model _____ Is there a battery backup? ❑ Yes ❑ No
List tripping devices: _____
Installed and serviced by: _____
Serviced: ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

Listing of Business Personal Property Values		
Description	Replacement Cost	Describe how stored and secured (safe, vault, cage)
Firearms	$	
Firearm parts and accessories	$	
Ammunition	$	
Sporting goods	$	
Furniture and fixtures	$	
Other Property not noted above (explain)	$	

PROPERTY COVERAGE EXTENSIONS

❑ Property extensions endorsement ❑ Equipment breakdown endorsement

Check if Optional Limits Needed	Coverage	Desired Limit	Included Limit
❑	Computer fraud	$	$25,000
❑	Money orders and counterfeit paper	$	$10,000
❑	Money and securities — Inside	$	$25,000
❑	Money and securities — Outside	$	$25,000
❑	Property off premises	$	$100,000 and subject to aggregate limit $250,000
❑	Property in transit	$	$50,000
❑	Employee dishonesty/theft	$	$25,000
❑	Forgery and alteration	$	$25,000
❑	Utility services — Time element	$	$100,000
N/A	Utility services — Direct damage		Subject to aggregate limit $250,000
N/A	Personal effects and property of others		Subject to aggregate limit $250,000
N/A	Computer equipment		Subject to aggregate limit $250,000
N/A	Electronic data		Subject to aggregate limit $250,000
N/A	Interruption of computer operations		$50,000 per year
N/A	Valuable papers and records		Subject to aggregate limit $250,000
N/A	Accounts receivable		Subject to aggregate limit $250,000

Please complete for employee dishonesty/money and securities coverage requested greater than $25,000:

Do you have quarterly bank reconciliation by someone other than check writers? ❑ Yes ❑ No
Do you require more than one signature on checks greater than $5,000 value? ❑ Yes ❑ No
Do you have an "A" rated safe? ❑ Yes ❑ No
If yes, please describe_____
Number of employees who handle money:_____

Loss History

☐ No Losses

Date of Loss	Description of Incident	Amount Paid/Reserve

Prior Insurance Carrier	Limits of Liability	Premium

Sign & date

This is an application for insurance. This is not a binder of insurance.

With your signature below and the payment of premium, you acknowledge your approval of the placement of your insurance coverage with the insurance company(ies) shown below and your understanding that the current A.M. Best Rating of each such company is as shown below. Lockton Affinity, LLC has not performed an independent analysis and as such, cannot guarantee or make any representations in regard to, and expressly disclaims responsibility for, the financial condition of any insurance companies with which we place business. Any rating information contained in this document has been obtained by a third-party rating agency, and we do not represent or warrant its accuracy. Please refer to www.ambest.com for the latest information.

With the signature below and by submission of an order to bind coverage, client consents and agrees to Lockton's ability to receive the compensation outlined in the attached services and compensation summary under all circumstances. Client understands that this consent and agreement shall continue and apply to each renewal upon payment by client of a renewal invoice which will disclose any charges applicable to that renewal

This is an application for general liability insurance coverage only. Other types of insurance are available such as auto, property, crime and workers' compensation insurance. We recommend you review all your insurance needs. Please contact your client solutions representative if you are interested in a quotation for additional coverages or limits.

Please refer to the policies for complete terms, conditions, limitations, definitions, and exclusions that will apply i n the event of a loss. If there is any conflict between the policy and the descriptions of coverage provided herein, the provisions of your policy shall prevail. With the signature below you acknowledge that you have read and understand the various terms, conditions, notices and advisories of this application.

Signature _____ Date _____

Signature authorized representative

Send completed form and premium payment to: Lockton Affinity
PO Box 874952
Kansas City, MO
64187-4952

Phone: 1.844.401.9444
Fax: 1.913.652.7599
info@locktonaffinityoutdoor.com

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FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
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.

Applicable in FL and OK
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 (of the third degree)*. *Applies in FL Only.

Applicable in KS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA
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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.
*Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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