



OUTDOOR

Hunt Clubs General Liability Application for Coverage

Club Name _____
 Mailing Address _____
 City _____
 State _____ ZIP _____
 Telephone # _____ Email _____
 Contact Person _____

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

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: _____ Expiration Date: _____

Current Number of Members: _____ Total Acreage Hunted: _____

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

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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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 demonstrate 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? \$ _____

Loss History - Please describe all losses within the past 5 years, if any.
Check "No losses" if you did not have any claims.

Table with 3 columns: No Losses, Description of Incident, Claim Amount. Includes rows for date and amount, and a question about other incidents.



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Rating Information

Desired Effective Date _____
(may not be prior to date of receipt of this application)

Select Desired General Liability Limit Below
*Florida residents—call your representative for pricing

Liability Limit Occurrence / Aggregate	# of Acres	Rate	Minimum Premium
<input type="checkbox"/> \$1,000,000/\$2,000,000	2,501 acres and greater	Greater of \$.25 per acre or \$25 per member = \$	or \$450
<input type="checkbox"/> \$1,000,000/\$2,000,000	1,251 to 2,500 acres	Greater of \$.30 per acre or \$25 per member = \$	or \$450
<input type="checkbox"/> \$1,000,000/\$2,000,000	1 to 1,250 acres	Greater of \$.35 per acre or \$25 per member = \$	or \$450
<input type="checkbox"/> \$500,000/\$1,000,000	2,501 acres and greater	Greater of \$.20 per acre or \$20 per member = \$	or \$300
<input type="checkbox"/> \$500,000/\$1,000,000	1,251 to 2,500 acres	Greater of \$.25 per acre or \$20 per member = \$	or \$300
<input type="checkbox"/> \$500,000/\$1,000,000	1 to 1,250 acres	Greater of \$.30 per acre or \$20 per member = \$	or \$300

Optional Coverage

	Premium	
<input type="checkbox"/> Hired and non-owned auto	\$150	
<input type="checkbox"/> GL extension endorsement*	\$200	= \$ _____

*Blanket Additional insured/Waiver of subrogation/Primary and non-contributory

If you want your landowner to be covered, subtract 2 from the number of landowners to be covered and then multiply this amount by \$25.

Number of Additional Insureds _____ -2 x \$25 = \$ _____

Calculate Your Premium Cost

(Enter the calculated premium or the **minimum premium**, whichever is greater)

Club Liability Premium \$ _____

Total Annual Premium (Subject to MINIMUMS Noted above)

Subtotal	= \$ _____
RPG Membership fee	+ \$ 125
State Tax (see chart and instructions below)	+ \$ _____

Total Amount Due

Add: Total Annual Premium + RPG Membership fee + State Tax (See next page) = \$ _____

for tax table) Note: Premium is fully earned



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State Tax

To determine the tax amount:

- For the states of AK, CA, CT, HI, IL, MA, MD, MI, MT, NC, NH, NJ, NY, OH, PA, SD and VT, multiply the **SUM** of the Total Annual Premium by the percentage below. Then add any additional state fees indicated on next page for your state.
- For all other states, multiply the **SUM** of the Total Annual Premium and the Program Administrator Service Charge by the percentage below. Then add any additional state fees indicated below for your state.

AL - 6%	CT - 4%	IA - 1%	LA - 4.85%	MS - 7.25%	NJ - 5%	OK - 6%	TN - 5.175%	WV - 4.55%
AK - 3.7%	DE - 3%	ID - 2%	ME - 3%	MO - 5%	NM - 3.003%	OR - 2.3%*	TX - 4.925%	WI - 3%
AZ - 3.2%	DC - 2%	IL - 3.575%	MD - 3%	MT - 2.75%	NY - 3.77%	PA - 3%*	UT - 4.43%	WY - 3.175%
AR - 4%	FL - 5%	IN - 2.5%	MA - 4%	NE - 3%	NC - 5.4%	RI - 4%	VT - 3%	
CA - 3.25%	GA - 4%	KS - 6%	MI - 2.5%	NV - 3.9%	ND - 1.75%	SC - 6%	VA - 2.275%	
CO - 3%	HI - 4.68%	KY - 4.8%**	MN - 3.04%	NH - 3%	OH - 5%	SD - 2.675%	WA - 2.10%	

*Additional State Fees - Please add to Total Tax above: OR - \$15; PA - \$20 **KY taxes may be higher in certain counties

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 in 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 **X** _____ Date **X** _____
Signature Authorized Representative

Send completed form and premium payment to: Lockton Affinity Phone: 1(877)487-5407
PO Box 874952 Fax: 1(913)652-7599
Kansas City, MO 64187-4952 Info@LocktonAffinityOutdoor.com

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

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.