



QU & DSS Preserve Hunting Liability Application

Quail Unlimited & Dove Sportsman's Society Endorsed Insurance program through T.H.E. Insurance Company



Name of Preserve: _____

Is your Preserve a **Preserve Member** of Quail Unlimited Or Dove Sportsman's Society

Person Completing this form (Contact person): _____

Mailing Address: _____ City _____ ST _____ Zip _____

Physical location of preserve if not the same as mailing: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____ E-Mail Address : _____

Years at this location _____ Years of Preserve Management Experience _____

Number of acres owned by preserve: _____ Number of acres leased by preserve: _____

Is your property posted with "**No Trespassing or No Hunting**" signs? Yes No.

Do you have postings at all access points? Yes No (mandatory)

Please list all activities or services to be covered: _____

Do you provide guides? Yes No,

If yes, do they have a hunting license or NRA Hunter Safety Certificate? Yes No (Mandatory)

Do guides accompany each hunting party? Yes No

Do you assign a separate hunting area to each party? Yes No

Your premium is based on your estimated gross receipts for a twelve month period commencing with the effective date you have requested on your policy. Since the rates vary for each classification, it is necessary for you to put a check mark next to each category that applies and insert your estimate of gross annual receipts for each classification. If none enter zero. There should be no blank spaces under gross receipts.

Please be sure to check all operations that your preserve conducts even if no gross receipts are generated. No coverage is present for operations you conduct but do not check on this application.

Operations

Gross Receipts

- | | |
|--|------------|
| <input type="checkbox"/> 1. Swimming Pool | 1.) _____ |
| <input type="checkbox"/> 2. Camping Facilities | 2.) _____ |
| <input type="checkbox"/> 3. Big Game Hunting Facilities (deer, boar, bear, etc.) | 3.) _____ |
| <input type="checkbox"/> 4. Alcoholic Beverage Sales | 4.) _____ |
| <input type="checkbox"/> 5. Archery Ranges | 5.) _____ |
| <input type="checkbox"/> 6. Rifle and Pistol Range Fees | 6.) _____ |
| <input type="checkbox"/> 7. Wild Bird or Water Fowl Hunting | 7.) _____ |
| <input type="checkbox"/> 8. Trap/Skeet/Sporting Clays Target Sales/Entry | 8.) _____ |
| <input type="checkbox"/> 9. Restaurant/Snack Bar | 9.) _____ |
| <input type="checkbox"/> 10. Sales of New/Used Firearms | 10.) _____ |
| <input type="checkbox"/> 11. Ammo Sales (Coverage excluded for reloads) | 11.) _____ |
| <input type="checkbox"/> 12. Pro Shop (hats, jackets, etc.) | 12.) _____ |
| <input type="checkbox"/> 13. Gunsmithing or other services | 13.) _____ |
| <input type="checkbox"/> 14. Cowboy Action Shoots or Paint Ball operations | 14.) _____ |
| <input type="checkbox"/> 15. Hunting of birds you raise or purchase | 15.) _____ |
| <input type="checkbox"/> 16. Instruction (income from shooting instruction) | 16.) _____ |
| <input type="checkbox"/> 17. Horseback hunting | 17.) _____ |
| <input type="checkbox"/> 18. Horse Boarding | 18.) _____ |
| <input type="checkbox"/> 19. Horseback Riding | 19.) _____ |
| <input type="checkbox"/> 20. Lodging/ Cabins not in conjunction with hunting | 20.) _____ |
| <input type="checkbox"/> 21. Fishing | 21.) _____ |
| <input type="checkbox"/> 22. Other _____ | 22.) _____ |

Total Number of Rifle and Pistol Ranges # _____

Number of Boats you own used by your customers # _____ (coverage excluded for boats over 25 HP)

Total Gross Receipts \$ _____ Quote # _____

Please answer all questions, If not applicable, use "N/A"

Incomplete applications will be returned

Do you have a brochure? [] Yes [] No. If yes, please attach a copy.
Do you sponsor or host events or competitions? [] Yes [] No. If yes, please explain

Is your facility open to anyone other than preserve members and guests? Number of preserve members:
Number of employees including trap persons & guides: Emergency/medical response time
Do you carry Workers' Compensation insurance? [] Yes [] No If yes, name of Insurance Co.:
Are you in compliance with state & ATF codes regarding commerce in Firearms & Ammunition: [] Yes [] No
Do you agree to Blaze Orange requirements for pheasant, quail or chucker? (Mandatory) [] Yes [] No
Do you agree to require a NRA Hunting Certificate, current hunting license, or require that all guests watch the QU safety video prior to hunting? [] Yes [] No (Mandatory)

Do you use 4 wheelers/gators/golf carts, or allow your members/guests to bring them on your premises?
[] Yes [] No, If yes, please confirm that only licensed drivers can use them. [] Yes [] No (Mandatory)
Do you lease to others any land/property you own or lease? [] Yes [] No, If yes, explain
Do you act as a land broker for any landowners to a third party? [] Yes [] No

Does any of your hunting involve the use of boats? [] Yes [] No (no coverage for boats that exceed 25 hp)
Do you utilize tree stands? [] Yes [] No, If yes, check all that apply - [] Commercially Manufactured
[] Built ourselves (we must have pictures of all stands for approval) [] Fixed to trees [] Free Standing
Do you allow members to leave their tree stands on your property [] Yes [] No, If yes, how do you keep other patrons from using them?

Please note that if tree stands are used it is mandatory that 550 parachute shroud be utilized for raising and lowering firearms and check cords/safety belts must be used.

Additional Coverages you may want to add for an additional premium

To purchase this valuable coverage check the yes box and remit the appropriate premium.

Hired & Non-Owned Automobile Coverage - This coverage will defend the named insured against any claims brought against the club for property damage or bodily injury done by a vehicle owned by a club member while running errands for the club. The limit is \$1,000,000 and the annual additional premium is \$178 to add this valuable coverage to your auto policy. If the club owns their own vehicles, this coverage is not available as it should be included on your automobile liability policy.

[] Yes \$204.00

Excess Liability Limits - You can increase your General Liability limits by adding layers of excess coverage in increments of \$1,000,000. Layers up to \$10,000,000 may be purchased. If your estimated receipts are less than \$150,000 the premium for the first layer is \$550. If your estimated receipts exceed this threshold, please contact us for a quote.

[] Yes \$550.00 # of layers

The Following options require separate applications which can be secured by contacting us.

Inland Marine Coverage - coverage for target throwing machines and mobile machinery such as tractors. The rate is \$1.25 per hundred of insured value. All machinery still being manufactured must be insured to manufacturers retail list price. To insure we must have our completed application along with a list of property to be insured including serial numbers and replacement values.

If you lease property from others do they require you to list them as an Additional Insured Landowner? [] Yes [] No
If yes, provide their full name and address:

Please provide three-year prior-carrier and loss information. Please provide Carrier, Name, Limits and Losses incurred.

Table with 3 columns: Carrier Name, Limits, Losses incurred. Rows for Current Coverage, Prior, and Second Prior.

Once you've completed the application call 1-800-925-7767 for a quote.

Make Checks Payable as follows: Sportsman's Insurance Agency, Inc.
1450 N. US 1 Suite 500
Fax: 386-677-3292
Website: www.siai.net
Ormond Beach, FL 32174

We wish to have coverage effective. We understand full payment must be made to bind coverage.

I understand that this application and all information supplied is part of the application process and relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the application will become a part of any contract of insurance entered into. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy. Voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that to the best of my knowledge, all information provided in this application is complete, true and correct. I further warrant that I have made or will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished me.

Signature: Title: Date: