



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.

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.

If you like once you've completed the application call 1-800-925-7767 for a quote

Make Checks Payable as follows: Sportsman's Insurance Agency, Inc.

Fax: 386-677-3292 1364 N. US 1 Suite 503

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: _____