

Hunting Preserve, Rod & Gun Club, Hunting Lodge, Trap, Skeet and Sporting Clays Application

Named Insured:	
Principal Contact:	
Mailing Address:	
Location Address (Important):	
Phone Number:	Fax Number:
Effective Date:	Website: www.
Business Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Limit of Liability Requested:	
	<input type="checkbox"/> \$ 300,000 Occurrence <input type="checkbox"/> \$ 500,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence

Do you operate any other businesses from this location? Yes No
(List information below for each business, use a separate sheet to list information if necessary)
 If yes, type of entity: Corporation Partnership Individual LLC Other
 Description of Business:

Prior Carrier Information			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Additional Insureds, if necessary use another sheet of paper		
Name	Complete Address	Interest

- | Required Attachments |
|--|
| 1. All brochures describing any and all services; or website address above.
2. The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
3. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by the insured.
4. ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.) |

Producing Insurance Agent	
AGENCY:	COASTAL PLAINS OUTDOORS
CONTACT:	SAM BRITT
ADDRESS:	P.O. BOX 6869 HILTON HEAD IS., SC 29938
TELEPHONE:	800 664 0222 x222 FAX: 843 785 9076

**THIS IS AN APPLICATION FOR INSURANCE.
THIS IS NOT A BINDER OF INSURANCE.**

Property Section	<input type="checkbox"/> N/A
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Location Information	
Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Fire Protection Class of your location?	
Distance to Fire Station?	miles
Is the responding fire department <input type="checkbox"/> staffed or <input type="checkbox"/> volunteer?	
Distance to Fire Hydrant?	feet
Are there other fire control water sources available? <input type="checkbox"/> Pool <input type="checkbox"/> Pond/Lake <input type="checkbox"/> Water Tank <input type="checkbox"/> Other:	
Is your location prone to grass fires and/or forest fires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there buildings at your facility with limited access due to forest, terrain or season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your buildings located in heavily wooded areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the clearing from forest/wooded areas greater than 150 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is your business operational year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, provide the number of months you are operational?	Mo.
Are your buildings occupied year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a caretaker on site <input type="checkbox"/> Yes <input type="checkbox"/> No or contracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are buildings winterized?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Property Information	
Are there smoke alarms in all corridors and bedrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of powered smoke alarms are installed? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	
1. Do any buildings have cooking facilities? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any buildings have wood burning fireplaces and/ or woodstoves? If yes, list building numbers. If yes, are the chimneys and flues cleaned annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? If yes, list building numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dock Information	
Number of Docks?	
Number of Boat Slips?	
Complete the questions below only if property coverage is requested.	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Metal <input type="checkbox"/> Floating <input type="checkbox"/> Fixed <input type="checkbox"/> Roofed	Age:
If roofed, has proper engineering for wind/snow loads been assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the water around your dock freeze? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date on average?	
Are the docks removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Activities Section

Activities Conducted	# of Guides	# of Units
<input type="checkbox"/> Club Members		Members
<input type="checkbox"/> Acreage-Leased		Acres
<input type="checkbox"/> Acreage-Owned		Acres
<input type="checkbox"/> Archery Range		Stations
<input type="checkbox"/> Range(Rifle & Pistol)-indoor		Lanes
<input type="checkbox"/> Range(Rifle & Pistol)-outdoor		Lanes
<input type="checkbox"/> Sporting Clay		
<input type="checkbox"/> Trap & Skeet		
<input type="checkbox"/> Big Game Hunting		
<input type="checkbox"/> Upland Bird Hunting		
<input type="checkbox"/> Waterfowl Hunting		
<input type="checkbox"/> Lakes or Ponds		
<input type="checkbox"/> Boats		
<input type="checkbox"/> Farming: Crops, Livestock		\$ Revenues
<input type="checkbox"/> Clubhouse		Square Feet
<input type="checkbox"/> Lodging		Rooms
<input type="checkbox"/> Restaurant		
<input type="checkbox"/> Liquor Sales		
<input type="checkbox"/> Retail Store		
<input type="checkbox"/> Docks & Piers		
<input type="checkbox"/> ATV-guided		
<input type="checkbox"/> ATV-unguided		
<input type="checkbox"/> Youth Programs		

Check all that apply to your operation:

For Profit
 Not-for-Profit
 Open to Public
 Private Membership

1. Do you require participants to sign a liability waiver? Yes No
2. How many years have you been operating? Years
3. If you are a new venture, how many years of prior experience? Years
4. Are any operations conducted outside of the United States? Yes No
5. Do you hire guides as subcontractors? If yes, for what activities? Yes No
 If yes, do you obtain proof of insurance Yes No

List safety procedures and/or attach safety guidelines:

Clubhouse/Lodging Section N/A

Total number of units/rooms for lodging?	
What is the square footage of the main lodge or clubhouse?	Square Feet
Number of RV Spaces/Tent Sites?	
Maximum guest capacity is:	
Do you have a swimming pool or swimming area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a diving board?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Event / Dog Trial Section N/A

Special Events Provide number, revenue, and type of event(s):	\$
Number of:	Participants
	Spectators
	Volunteers

How many field trial events are held annually?	
Number of:	
What is the minimum age of a volunteer gunner – bird boy?	Years

Hunting Section N/A

What percentage of your hunting operations are unguided?	%
What type of game is being hunted?	
<input type="checkbox"/> Elk <input type="checkbox"/> Deer <input type="checkbox"/> Exotics <input type="checkbox"/> Bear <input type="checkbox"/> Turkey <input type="checkbox"/> Waterfowl <input type="checkbox"/> Upland Birds	
<input type="checkbox"/> Hogs <input type="checkbox"/> Alligators <input type="checkbox"/> Other:	
Are Tree Stands used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any of the following to transport hunters? If so, how many.	
	<input type="checkbox"/> ATV's
	<input type="checkbox"/> Horses
	<input type="checkbox"/> Snowmobiles
	<input type="checkbox"/> Boats
	<input type="checkbox"/> Other Unlicensed Vehicles

Exposure Information	
Use of helmets on ATV's is	<input type="checkbox"/> mandatory <input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> N/A
Use of muzzleloaders is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> prohibited
Use of pistols is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> prohibited
Use of modified weapons is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> prohibited
Tree stand use is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
Tree stand safety harness use is	<input type="checkbox"/> mandatory <input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
Heavy Equipment use is (Tractors, bulldozers, etc.)	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
ATV, Hunting Buggy, Argo use is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
Snowmobile use is	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
Sponsored youth events are	<input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent
Members sign liability waivers	<input type="checkbox"/> mandatory <input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> N/A
Guests sign liability waivers	<input type="checkbox"/> mandatory <input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> N/A
Clients sign liability waivers	<input type="checkbox"/> mandatory <input type="checkbox"/> frequent <input type="checkbox"/> rare <input type="checkbox"/> nonexistent <input type="checkbox"/> N/A

Shooting Range Section N/A

Is a rangemaster/supervisor on premise during shooting hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the minimum age of an unsupervised shooter?	Years Old
Is the premise secured and locked when not operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are range rules and safety guidelines posted in a conspicuous manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum distance of ranges?	Yards
What type and kind of backstop or berm is used? Describe:	

Watercraft Liability Section N/A

Boat Schedule <i>if necessary use another sheet of paper</i>						
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or

misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company.. Penalties include imprisonment, fines and denial of insurance benefits.

Date: _____ Signature: _____