



Western Heritage
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Private Hunt Club General Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M., Standard Time at the address of the

Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. Describe all business operations conducted by applicant: _____

B. Number of acres: _____ **Type of game:** _____

C. Number of members: _____

D. Type of weapons permitted: _____

E. Number of hunters at any one time: _____ **Controls:** _____

F. Number of ponds/lakes: _____ **Size:** _____

G. Posted no swimming? Yes No
Swimming pools?..... Yes No

H. Dams/levees?..... Yes No
If yes, explain: _____

I. Is club open to the public? Yes No



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- J. **Any blinds or tree stands provided by the club?** Yes No
If yes, number of: _____ blinds _____ tree stands
- K. **Protections, i.e., posted, fenced, etc.:** _____
- L. **Number of guests and how supervised:** _____

- M. **Any additional insureds?** Yes No
Provide names, addresses and interest: _____

- N. **Any sale of ammunition or gunsmithing?** Yes No
Any reloads sold? Yes No
- O. **Applicant providing firearms to hunters?** Yes No
- P. **Alcoholic beverages served/provided or sold?** Yes No
- Q. **Number of horses:** _____ **ATVs:** _____ **Snowmobiles:** _____ (owned by club)
Explain: _____
- R. **Nearest populated town:** _____ **Nearest public road:** _____
- S. **Overnight lodging?** Yes No
If yes, describe: _____
Square foot area: _____ Number of beds: _____
- T. **Describe other facilities and buildings:** _____
- U. **Does risk store LPG, flammable liquids, ammunition or explosives on the premises?** Yes No
If yes, type and quantity stored: _____
- V. **Does risk lend, lease, or rent any equipment to others?** Yes No
If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

- W. **Total number of employees:** _____
- X. **Does applicant have Workers' Compensation coverage in force?** Yes No
- Y. **Does applicant lease employees?** Yes No
- Z. **During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)** Yes No
If yes, explain: _____



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Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____



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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE