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### Hunting Clubs, Preserves and Shooting Ranges General Liability Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

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

**Limits of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

**1. Additional Insured Information:**

Name	Address	Interest

**2. Indicate all operations of applicant:**

- Archery Range:  
Number indoor: \_\_\_\_\_ Number outdoor: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Hunting Preserve:  
For-profit: \_\_\_\_\_ Not-for-profit: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Private Membership Club:  
Type: \_\_\_\_\_ Number of members: \_\_\_\_\_
- Rifle or Pistol Range:  
Number indoor: \_\_\_\_\_ Number outdoor: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Skeet or Trap Shooting Range: \_\_\_\_\_ Number of ranges: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Other (describe): \_\_\_\_\_ Gross sales: \_\_\_\_\_

**3. Total number of employees:** \_\_\_\_\_

**4. Does applicant have Workers' Compensation coverage in force?** .....  Yes  No

**5. Is the applicant a group of landowners or hunt clubs?** .....  Yes  No  
If yes, explain: \_\_\_\_\_

**6. Any wilderness or survival camp operations?** .....  Yes  No

**7. Total acreage for owned or leased land and lakes:** \_\_\_\_\_

**8. Number of ponds/lakes:** \_\_\_\_\_ Size: \_\_\_\_\_  
Posted no swimming? .....  Yes  No

**9. Dams/levees?** .....  Yes  No  
If yes, complete GLS-113 Dam Questionnaire.

**10. Any swimming or wading pools?** .....  Yes  No  
If yes:

- a. Number of pools: \_\_\_\_\_
- b. Pool area fenced with self-latching gate? .....  Yes  No
- c. Depths marked? .....  Yes  No
- d. Rules posted? .....  Yes  No
- e. Life safety equipment at poolside? .....  Yes  No
- f. Platforms or diving boards? .....  Yes  No If yes, height: \_\_\_\_\_
- g. Slides? .....  Yes  No If yes, height: \_\_\_\_\_
- h. Lifeguards? .....  Yes  No
- i. Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Braeme Baker Pool and Spa Safety Act? .....  Yes  No

**11. Does applicant have any catering operations?** .....  Yes  No If yes, gross sales: \_\_\_\_\_

**12. Does applicant rent or lease out halls?** .....  Yes  No If yes, square feet: \_\_\_\_\_

**13. Are alcoholic beverages served, provided or sold?** .....  Yes  No If yes, liquor receipts: \_\_\_\_\_

**14. Does applicant have a restaurant or concession stand?** .....  Yes  No If yes, food receipts: \_\_\_\_\_  
Describe: \_\_\_\_\_

**15. Overnight lodging?** .....  Yes  No  
Describe: \_\_\_\_\_  
Square footage: \_\_\_\_\_ Number of beds: \_\_\_\_\_

16. Describe other facilities and buildings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Does risk store LPG, flammable liquids, ammunition or explosives on the premises? .....  Yes  No  
 If yes, type and quantity stored: \_\_\_\_\_
18. Number of boats: \_\_\_\_\_ Number of boats in excess of 26 ft. or with motors over 75 HP: \_\_\_\_\_  
 Are Coast Guard approved flotation devices provided for each passenger? .....  Yes  No
19. Does applicant require a hold harmless/waiver signed by all participants? .....  Yes  No
20. What safety controls are in place? \_\_\_\_\_  
 \_\_\_\_\_
21. Are minors allowed on the premises? .....  Yes  No  
 If yes, is it required that they are accompanied by a member and/or parent/guardian at all times? .....  Yes  No
22. 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: \_\_\_\_\_  
 \_\_\_\_\_
23. Distance from outside operations to nearest populated town: \_\_\_\_\_  
 Distance from outside operations to nearest public road: \_\_\_\_\_
24. Does applicant provide firearms? .....  Yes  No
25. Merchandise and Services:  
 Sale of firearms? .....  Yes  No If yes, receipts: \_\_\_\_\_  
 Sale of ammunition/black powder? .....  Yes  No  
 Ammunition reloading? .....  Yes  No  
 Gunsmithing? .....  Yes  No  
 Sale of other items? .....  Yes  No If yes, receipts: \_\_\_\_\_  
 Describe other items: \_\_\_\_\_  
 \_\_\_\_\_
26. Does applicant provide firearms certification/training schools? .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_
27. Number of: Owned ATVs: \_\_\_\_\_ Owned snowmobiles: \_\_\_\_\_  
 Advise what they are used for: \_\_\_\_\_  
 \_\_\_\_\_
28. Does applicant provide hunting guides? .....  Yes  No If yes, number of guides: \_\_\_\_\_
29. For shooting ranges, are all participants required to wear hearing and eye protection? .....  Yes  No
30. For risks with hunting operations:  
 Do hunters have valid hunting licenses? .....  Yes  No  
 Are hunters required to comply with federal and state hunting laws? .....  Yes  No  
 Number of hunters at any one time: \_\_\_\_\_  
 Number of owned saddle animals used for hunting trips: \_\_\_\_\_  
 Number of owned pack animals used for hunting trips: \_\_\_\_\_  
 Number of stables: \_\_\_\_\_  
 Protections (i.e., posted, fenced, etc.): \_\_\_\_\_

31. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)?.....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

32. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

33. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

34. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

35. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

36. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**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. **(Not applicable to Nebraska, Oregon or Vermont).**

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 of the third degree.

**NOTICE TO LOUISIANA 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE , VIRGINIA AND WASHINGTON):** 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.

**NEW YORK AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.