



Quail and Upland Wildlife Federation Hunting Lodge & Land Owner Liability Application

Quail and Upland Wildlife Federation Endorsed Insurance program through T.H.E. Insurance Company

Name of Business : _____

Confirm your business is a: Hunting Lodge Or Land Owner member of QUWF

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 Hunting Lodge Management Experience _____

Number of acres owned for hunting _____ Number of acres leased for hunting: _____

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)

Are your Guides Subcontractors Yes No (if yes they must provide you with certificates of insurance with limits no less than \$500,000)

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 business conducts even if no gross receipts are generated. No coverage is present for operations you conduct but do not check on this application.

Operations

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

Gross Receipts

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____
- 11.) _____
- 12.) _____
- 13.) _____
- 14.) _____
- 15.) _____
- 16.) _____
- 17.) _____
- 18.) _____
- 19.) _____
- 20.) _____
- 21.) _____
- 22.) _____

Total # of Swimming Pools ____
 Total # of Rifle Ranges ____
 Total # of Pistol Ranges ____
 Total # of Boats under 25 HP ____
 (No coverage for boats over 25 hp and
 Boats over 26' in length)

Total Gross Receipts \$ _____

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 a 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 or 26')
Do you utilize tree stands? [] Yes [] No, If yes, check all that apply - [] Commercially Manufactured
[] Built by applicant (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.

Once you've completed the application fax it to 386-677-3292 for a quote.

Make Checks Payable as follows: Sportsman's Insurance Agency, Inc.
Fax: 386-677-3292 1364 N. US 1 Suite 503
E-Mail: hjuttner@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: