

**GENERAL INFORMATION**

Date of survey: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Date proposal needed: \_\_\_\_\_  
Legal Name of Organization: \_\_\_\_\_  
(Include all organizations that are to be included as insureds)  
\_\_\_\_\_  
FEIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
What state is this business filed in? \_\_\_\_\_ Website Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

**INSURANCE AGENT INFORMATION**

Agent's Name: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agency telephone: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_  
Do you currently write this account?  Yes  No  
If yes, for how long? \_\_\_\_\_ Carrier Name? \_\_\_\_\_  
Is the account Sub-Brokered  Yes  No  
If yes, please indicate Agency Name? \_\_\_\_\_

**BUSINESS INFORMATION**

Description Business: \_\_\_\_\_  
Years in operation under current ownership: \_\_\_\_\_ *(Minimum Requirement: 3 Years in Operation)*  
Description of organization:  LLC  Corporation  Other \_\_\_\_\_  
Operations classification:  For Profit  Not for Profit  
Has your business filed for bankruptcy and/or been in receivership within the last 3 years?  Yes  No  
Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (N/A in Missouri)  Yes  No  
If yes, please provide dates, coverage and explanation: \_\_\_\_\_

**CGL LIMITS OF INSURANCE**

Each Occurrence/General Aggregate     \$1 million/\$2 million     \$1 million/\$3 million

**ACTIVITIES CONDUCTED**

Prior 12 month's actual total receipts: \$ \_\_\_\_\_ Next 12 month's estimated total receipts: \$ \_\_\_\_\_

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver to **participate in activities?**     Yes     No

Exposures	Owned	# of Units
<input type="checkbox"/> Annual Events <input type="checkbox"/> Training Sessions <input type="checkbox"/> Meetings		_____ Events    _____ Training    _____ Meetings
<input type="checkbox"/> Available Land For Your Use	<input type="checkbox"/>	_____ Acres Leased
<input type="checkbox"/> Youth Program (where parents are not in attendance)		
<input type="checkbox"/> Club Members		_____ Members
<input type="checkbox"/> Canoes <input type="checkbox"/> Kayaks <input type="checkbox"/> Rowboats/Paddle Boats	<input type="checkbox"/>	_____ Canoes    _____ Kayaks    _____ RB/PB
<input type="checkbox"/> Motorized Boat < 4 Passengers	<input type="checkbox"/>	_____ < than 4 Pass
<input type="checkbox"/> Motorized Boat > 4 Passengers	<input type="checkbox"/>	_____ < than 4 Pass
<input type="checkbox"/> ATV <input type="checkbox"/> Horses <input type="checkbox"/> Snowmobile (Complete Applicable Supplement)	<input type="checkbox"/>	<input type="checkbox"/> Official Use Only <input type="checkbox"/> Member's Owned/Use

What activities, other than those identified above, are conducted as part of your operations? \_\_\_\_\_

**OPERATIONS**

Do you provide guard dog training or handling?     Yes     No

Do you have a written safety program for hunt tests?     Yes     No

Do you sell alcohol?     Yes     No

**Boats/Watercraft Operations**

Are life vests/personal floatation devices provided for participants?     Yes     No

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Doos and/or Waverunners)     Yes     No

**EXCESS LIABILITY**

Desired Limit of Insurance (maximum \$5 million)     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1 million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

**EXCESS LIABILITY (CONTINUED)**

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident  
 \$ \_\_\_\_\_ Bodily Injury by Disease  
 \$ \_\_\_\_\_ Bl by Disease Policy Limit

*\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

**ADDITIONAL COVERAGES AVAILABLE**

For Business Automobile, Garagekeepers, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

**PREMIUM HISTORY**

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_ (current year)  
 Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_ (1<sup>st</sup> prior year)  
 Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_ (2<sup>nd</sup> prior year)

**CLAIMS HISTORY**

Have there been any claims or losses in the last five years?  Yes  No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*Attach separate pages if needed. Provide the carrier loss runs if available.**

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

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

**NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**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 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, TENNESSEE, VIRGINIA AND WASHINGTON 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 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 OKLAHOMA APPLICANTS:** WARNING: 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

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**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and title (please print):** \_\_\_\_\_

**Insurance Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(To be signed by someone who does not have access to funds)*