



Hunting Club Supplemental Application

General Information:

Club Name: _____ Website Address: _____
Inspection Contact: _____ Contact Phone Number: _____
Quote/Policy Number: _____ Date Quote Needed: _____
Agency Name & Number: _____ Effective Date: _____

General Underwriting:

1. Years Club has been in operation: _____
2. Description of Club: _____ for Profit _____ Not for profit _____ Private _____ Open to Public
3. Number of members: _____ Club membership dues: \$ _____
4. Number of acres owned: _____ Number of acres leased: _____
5. Is property posted? _____ Yes _____ No
6. Is business operated year round? _____ Yes _____ No
If not, is there a caretaker on site? _____ Yes _____ No
7. Type of game hunted:
_____ Deer _____ Waterfowl _____ Other big game _____ Exotics _____ Upland birds
8. How many areas are available for hunting? _____
Maximum number of hunters allowed in each area at a time? _____ Guided _____ Unguided
9. Does club have a formal safety program in effect? _____ Yes _____ No
10. Are members allowed to bring guests on premises? _____ Yes _____ No
If so, are guests required to sign liability waivers? _____ Yes _____ No
11. Is hunting open to the general public? _____ Yes _____ No
12. Are guides or outfitters available for hire? _____ Yes _____ No
13. Does the club own or operate a shooting range? _____ Yes _____ No
If yes, does the range meet NRA or equivalent state, local or municipal guidelines? _____ Yes _____ No
of rifle/pistol ranges: _____
of sport clay/trap/skeet stations: _____
of archery ranges: _____
14. Describe any off-premises activities such as guided hunting/fishing trips _____

Provide revenue from these activities: \$ _____

15. Does club provide youth programs or sponsor youth events? Yes No

If so, describe details: _____

16. Any other sport activities conducted on premises? Yes No

If so, describe details: _____

17. Describe any special events: _____

18. Are any commercial operations conducted on premises? Yes No

If yes, describe: _____

19. Any cooking or food preparation indoors or outdoors? Yes No

If yes, please describe: _____

**If grease cooking, Restaurant Supplemental Application will need to be completed.*

20. Any Liquor sales? Yes No

If so, provide gross annual liquor sales: \$ _____

21. Do you raise game birds for sale to others? Yes No

22. Do you operate a farm on premises? Yes No

If so, what crops or livestock do you raise? _____

23. Are any of the following allowed? Yes No

ATVs Boats Other unlicensed vehicles Saddle animals Snowmobiles

24. Are any of the following on the premises? Yes No

Clubhouse, Lodge Lakes, ponds, streams, rivers Docks, Piers Swimming pool

Lodging/overnight accommodations Tree stands or raised platforms

*If tree stands are used, are safety harnesses required? Yes No

25. Any fishing activities on premises? Yes No

Is there a fishing hatchery on premises? Yes No

26. Does the club have vehicles, boats or mobile equipment titled in the name of the club? Yes No

If yes, describe: _____

27. Is club licensed to sell new and used firearms? Yes No

Any repair of firearms? Yes No

Any rental of guns? Yes No

28. Is alcohol consumption allowed in the field? Yes No

29. Does club allow customers under the age of 18 to shoot unsupervised? Yes No

30. Is the rangemaster/supervisor on the premises during shooting hours? Yes No
31. Are all club members required to sign a waiver of liability? Yes No
- Are all guests required to sign a waiver of liability? Yes No
- Are all clients required to sign a waiver of liability? Yes No

***PLEASE PROVIDE COPY OF LIABILITY WAIVER(S) WITH SUBMISSION.**

IMPORTANT NOTICE TO ALL APPLICANTS: THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA): 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 ALL PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND 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.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date