



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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(801) 290-1144 WATS (800) 594-8900  
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## Private Hunt Club General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 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  Other (Specify): \_\_\_\_\_

**Are the applicants a group of landowners or hunt clubs?**.....  Yes  No

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

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	\$	\$

**Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A. Number of acres:** \_\_\_\_\_ **Type of game:** \_\_\_\_\_

**B. Number of members:** \_\_\_\_\_

Do members have valid hunting licenses?.....  Yes  No

Are members required to comply with federal and state gaming laws?.....  Yes  No

**C. Type of weapons permitted:** \_\_\_\_\_

- D. Number of hunters at any one time:** \_\_\_\_\_ Controls: \_\_\_\_\_  
 Are minors allowed on the premises? .....  Yes  No  
 If yes, is it required that they are accompanied by a member and/or parent at all times?.....  Yes  No
- E. Number of ponds/lakes:** \_\_\_\_\_ Size: \_\_\_\_\_  
 Posted no swimming? .....  Yes  No
- F. Swimming pools?** .....  Yes  No
- G. 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
- H. Dams/levees?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
- I. Is club open to the public?** .....  Yes  No  
 Receipts: \_\_\_\_\_  
 What safety controls are in place? \_\_\_\_\_  
 \_\_\_\_\_
- 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 firearms?** .....  Yes  No  
 Any reloads sold? .....  Yes  No  
 Is gunsmithing available? .....  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)  
 What are they used for? \_\_\_\_\_
- R. Nearest populated town:** \_\_\_\_\_ Distance from club land: \_\_\_\_\_  
 Nearest public road: \_\_\_\_\_ Distance from club land: \_\_\_\_\_
- 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. 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: \_\_\_\_\_

\_\_\_\_\_

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

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

Previous Insurer and 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.  See loss run attached

Year	Company	Policy Number	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/ Comp. Ops.	Prem./ Ops.	Products/ Comp. Ops.

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING 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.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an 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.

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail