

## HUNTING PRESERVE APPLICATION - FLORIDA

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Named Insured:  
 Principal Contact:  
 Mailing Street Address:  
 Mailing City: State:            Zip:  
 Location Street Address:  
 Location City: County:            State:            Zip:  
 Phone Number: Fax Number:  
 Website: www.  
 Risk Management Contact: Risk Management's Phone:  
 Risk Management Email:  
 Business Form:    Corporation    Partnership    Individual    LLC    Other:  
 Effective Date:  
 Limit of Liability Requested: \$ 300,000 Occurrence  
\$ 500,000 Occurrence  
\$ 1,000,000 Occurrence

1. Do you operate any other businesses from this location? Yes    No  
*(List information below for each business, use a separate sheet to list information if necessary)*  
 If yes, type of entity:  
                  Corporation            Partnership            Individual            LLC            Other:  
 Description of business:

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

### ADDITIONAL INSURED, *if necessary use another sheet of paper*

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

AGENCY:  
 CONTACT:  
 ADDRESS:  
 TELEPHONE: FAX:  
 E-MAIL:

**THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.**

PROPERTY SECTION	N/A
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**Premises Information**

- |   |     |       |
|---|-----|-------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean?  | Yes | No    |
| 2. What is the Fire Protection Class of your location?  |     |       |
| 3. Distance to fire station?  |     | Miles |
| 4. Is the responding fire department                      staffed or                      volunteer?                                |     |       |
| 5. Distant to fire hydrant?   |     | Feet  |
| 6. Are there other fire control water sources available?<br>Pool              Pond/Lake              Water Tank              Other: |     |       |
| 7. Is your location prone to grass fires and/or forest fires?   | Yes | No    |
| 8. Are there buildings at your facility with limited access due to forest, terrain or season?                                       | Yes | No    |
| 9. Are your buildings located in heavily wooded areas?  | Yes | No    |
| 10. Is the clearing from forest/wooded areas greater than 150 feet?   | Yes | No    |
| 11. Is your business operational year round?<br>If no, provide the number of months you are operational?                            | Yes | No    |
| 12. Are your buildings occupied year round?   | Yes | No    |
| 13. If no, is there a caretaker on site                      Yes              No              or contracted?                        | Yes | No    |
| 14. If no, are buildings winterized?  | Yes | No    |

**Building Information**

- |   |     |    |
|---|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms?  | Yes | No |
| 2. What type of smoke alarms are installed?                      Battery                      Hardwired                                   |     |    |
| 3. Is there a CO alarm installed?   | Yes | No |
| 4. Do any buildings have cooking facilities?<br><b>If yes, list building numbers:</b>   | Yes | No |
| 5. Do any buildings have wood burning fireplaces and/ or woodstoves?<br><b>If yes, list building numbers:</b>                             | Yes | No |
| If yes, are the chimneys and flues cleaned annually?  | Yes | No |
| 6. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring?<br><b>If yes, list building numbers:</b>                          | Yes | No |
| 7. Do you have power generating equipment?<br>If yes, is it 100% for emergency use only?    Yes    No    List the size of each (HP & KW): | Yes | No |

DOCK INFORMATION
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- |  |     |    |
|--|-----|----|
| 1. Number of docks:  |     |    |
| 2. Number of boat slips:<br><b>Complete the questions below only if property coverage is requested for docks.</b>          |     |    |
| 3. Construction:    Frame              Metal              Floating              Fixed              Roofed              Age |     |    |
| If roofed, has proper engineering for wind/ snow loads been assessed?  | Yes | No |
| 4. Does the water around your dock freeze?<br>If yes, what date on average:  | Yes | No |
| 5. Are the docks removed?  | Yes | No |

ACTIVITIES SECTION		
Activities Conducted	Number of Guides	Number of Units
Club Members		Members
Acreage-Leased		Acres
Acreage-Owned		Acres
Archery Range		Stations
Range (Rifle & Pistol) – indoor		Lanes
Range (Rifle & Pistol) – outdoor		Lanes
Sporting Clay		

Activities Conducted	Number of Guides	Number of Units
Trap & Skeet		
Big Game Hunting		
Upland Bird Hunting		
Waterfowl Hunting		
Lakes or Ponds		
Boats		
Farming: Crops, Livestock		\$ Revenues
Clubhouse		Square Feet
Lodging		Rooms
Restaurant		
Liquor Sales		
Retail Store		
Docks & Piers		
ATV-guided		
ATV-unguided		
Youth Programs		

- Check all that apply to your operation:
 

For Profit	Not-for-Profit	Open to Public	Private Membership
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- Do you require participants to sign a liability waiver? Yes No
- How many years have you been operating? Years
- If you are a new venture, how many years of prior experience? Years
- Are any operations conducted outside of the United States? Yes No
- Do you hire guides as sub-contractors? Yes No  
 If yes, for what activities?  
 If yes, do you obtain proof of insurance? Yes No
- List safety procedures and/or attach safety guidelines:

<b>CLUBHOUSE/LODGING SECTION</b>	<b>N/A</b>
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- Total number of units/rooms for lodging?
- What is the square footage of the main lodge or clubhouse? Square Feet
- Number of RV spaces/Tent sites:
- Maximum guest capacity is:
- Do you have a swimming pool or swimming area? Yes No  
 If yes, do you have a diving board? Yes No
- Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** Yes No

<b>SPECIAL EVENT / DOG TRIAL SECTION</b>	<b>N/A</b>
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- Special Events
  - Number of Events:
  - Type of Event(s):
  - Revenue:\$
- Number of
  - Participants:
  - Spectators:
  - Volunteers:
- How many field trial events are held annually?
- What is the minimum age of a volunteer gunner – bird boy? Years



HUNTING SECTION	N/A
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1. What percentage of your hunting operations are unguided? %
2. What type of game is being hunted?  

Elk	Deer	Exotics	Bear	Turkey	Upland Birds
Hogs	Alligators	Waterfowl	Other:		
3. Are Tree Stands used? Yes      No
4. Do you use any of the following to transport hunters? **If yes, how many?**  
 ATV's:  
 Horses:  
 Snowmobiles:  
 Boats:  
 Other Unlicensed Vehicles:

EXPOSURE INFORMATION
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Use of helmets on ATV's is	mandatory	frequent	rare	nonexistent	N/A
Use of muzzleloaders is	frequent	rare	nonexistent	prohibited	
Use of pistols is	frequent	rare	nonexistent	prohibited	
Use of modified weapons is	frequent	rare	nonexistent	prohibited	
Tree stand use is	frequent	rare	nonexistent		
Tree stand safety harness use is	mandatory	frequent	rare	nonexistent	
Heavy Equipment use is (Tractors, bulldozers, etc.)	frequent	rare	nonexistent		
ATV, Hunting Buggy, Argo use is	frequent	rare	nonexistent		
Snowmobile use is	frequent	rare	nonexistent		
Sponsored youth events are	frequent	rare	nonexistent		
Members sign liability waivers	mandatory	frequent	rare	nonexistent	N/A
Guests sign liability waivers	mandatory	frequent	rare	nonexistent	N/A
Clients sign liability waivers	mandatory	frequent	rare	nonexistent	N/A

SHOOTING RANGE SECTION	N/A
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1. Is a rangemaster / supervisor on premise during shooting hours? Yes      No
2. What is the minimum age of an unsupervised shooter? Years Old
3. Is the premise secured and locked when not operating? Yes      No
4. Are range rules and safety guidelines posted in a conspicuous manner? Yes      No
5. What is the maximum distance of ranges? Yards
6. What type and kind of backstop or berm is used?  
Describe:

WATERCRAFT LIABILITY SECTION	N/A
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Boat Schedule <i>if necessary use another sheet of paper</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

**WATERCRAFT GENERAL INFORMATION**

1. How are boats used?  
     Boat Rental      Fishing      Hunting      Other, describe:
2. On what bodies of water does use take place?  
     Rivers      Lakes/Ponds      Ocean      Bays/Inlets
3. If Rivers, what classes are boated:  
     Class I      Class II      Class III      Class IV      Class V
4. Are life vests (PFD's) required?      Yes      No
5. Are life vests (PFD's) provided?      Yes      No

**GUIDE INFORMATION SECTION** N/A

Name	Age	Years Experience	First Aid Qualifications

**SALES AND REVENUE SECTION** N/A

**Sales Information**

1. Do you raise game birds for sale to others?      Yes      No
2. Do you sell game birds to restaurants or to other food processors?      Yes      No
3. Do you sell handguns?      Yes      No  
     How many a year?      handguns
4. Do you sell used guns?      Yes      No  
     How many a year?      used guns

**GROSS RECEIPTS**

<b>Actual Total Receipts for Prior 12 Months:</b>	\$
<b>Estimated Total Receipts for Next 12 Months:</b>	\$
Membership Dues	\$
Rifle/Pistol Range	\$
Shotgun Range/Trap & Skeet	\$
Pro-Shop or Retail Operations	\$
Of this amount, how much is gun sales?	\$
Restaurant Sales	\$
Of this amount, how much is liquor sales?	\$
Lodging	\$
Gunsmithing	\$
Game Bird Sales to Others (preserves, restaurants, etc.)	\$
Other:	\$

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim?      Yes      No  
     If yes, describe:

**FRAUD NOTICE STATEMENTS**

**APPLICABLE IN FLORIDA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)



## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
Address of Applicant:  
City:  
Website: www:  
Nature of Operations:

State: Zip:

- 
1. Annual sales or revenue: \$
  
  2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes    No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
    - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
    - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
    - c. Credit or Debit Card Information
  
  3.
    - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes    No
    - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes    No
    - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes    No
    - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes    No

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

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**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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 OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)