



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

HUNT CLUB SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Do all users have valid hunting licenses and comply with federal and state gaming laws? Yes No
2. Number of active owners/officers/partners: _____
3. Number of employees: _____
4. Number of members: _____
5. Number of acres: _____
6. Number of ranges: _____
7. Type of range: Fenced Posted
8. Open to public or allow guests? Yes No
9. How supervised? _____
10. Estimated annual: Payroll (excl. owner): \$ _____ Gross receipts from hunting: \$ _____
11. Maximum number of hunters allowed to hunt at any one time: _____
12. Minimum age required: _____
13. What type of game is hunted: _____
14. What type of weapons permitted: _____
15. Any owned vehicles? Yes No
16. Any ATV's or snowmobiles? Yes No
17. Any horses used? Yes No
18. Any tree and/or deer stands/blinds? Yes No
19. Any boats, ponds, or lakes? Yes No
20. Any other watercraft? Yes No

- 21. Any dogs? Yes No
- 22. Any reloading, gunsmithing, or sale/rental of guns? Yes No
- 23. Does applicant provide any guide services? Yes No
- 24. Any paintball? Yes No
- 25. Any protections? Yes No
- 26. Any overnight lodging provided? Yes No
- 27. Any swimming pools? Yes No
- 28. Any dams or levies? Yes No
- 29. Any alcoholic beverages served or sold? Yes No
- 30. Any instruction/training provided in gun use? Yes No

Please detail all "yes" answers.

Details:

Attach a copy of waiver/release form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date