

HUNTING PRESERVES, CLUBS AND TARGET SPORTS QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Please attach the Five year current Loss Runs
- Please provide a copy of your Participant Waiver

Applicant Information

- Years under current management _____
If a new venture, please attach resume and/or experience of owner.
- Web site _____
- Do you require all members or clients to sign a participant waiver? _____ Yes _____ No
Please attach a copy
- What is the total number of club members? _____
- Total annual receipts: \$ _____
Breakdown of the total annual receipts (\$):
Membership receipts: _____
Food or beverage (excl liquor) _____
Liquor _____
Pro-shop or retail (excl gun sales) _____
Gun sales _____
Lodging _____
Gunsmithing _____
Game bird sales _____
Other, please describe _____

Activities Conducted	Units/Revenues
<input type="checkbox"/> Archery Range – Indoor	Receipts: \$
<input type="checkbox"/> Archery Range – Outdoor	Receipts: \$
<input type="checkbox"/> Fishing or Hunting - Guided	Receipts: \$
<input type="checkbox"/> Hunting Preserves – Unguided	Receipts: \$
<input type="checkbox"/> Rifle or Pistol Ranges – Indoor	# of Stations:
<input type="checkbox"/> Rifle or Pistol Ranges – Outdoor	# of Stations:
<input type="checkbox"/> Skeet Shooting or Trap Shooting	# of Stations:
<input type="checkbox"/> Sporting Clay	# of Stations:
<input type="checkbox"/> Gun Sales	Receipts: \$
<input type="checkbox"/> Gun Smithing Services	Receipts: \$
<input type="checkbox"/> Vacant Land	# of acres:
<input type="checkbox"/> Boats Are boats rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of boats:
<input type="checkbox"/> Lakes or Reservoirs	# of lakes:
<input type="checkbox"/> Docks & Piers	Docks _____ Piers _____

- Please provide the total number of full time employees (including owners and officers) _____
Total number of part time employees _____

Operations Information

7. Please describe your operations _____
8. Which states do you operate in? _____
9. Select all that apply: ☐ Open to public ☐ Private membership ☐ For profit ☐ Not for profit
10. Please provide the clubhouse square footage _____
11. Do you host any special events? ☐ Yes ☐ No
If yes, please describe _____
12. Is your business operational year round? ☐ Yes ☐ No
If no, list the months you operate _____
Do you have a caretaker on site during the off season? ☐ Yes ☐ No
13. Is there a bar/lounge on the premises? ☐ Yes ☐ No
If yes, is it open to the public? ☐ Yes ☐ No
14. Is there any cooking on the premises? ☐ Yes ☐ No
Do you have any Deep Fat Frying? ☐ Yes ☐ No
If Yes, do you have a UL300 system with a semiannual maintenance agreement over all deep fat frying? ☐ Yes ☐ No
15. Lodging ☐ N/A
What types of units are available (please provide the number of each):
Tent sites _____ RV sites _____ Trailer sites _____ Cabins _____ Lodge Units _____
Guests average length of stay: Long-term _____ % Seasonal _____ % Day or Weekly _____ %
16. Transportation ☐ N/A
Do you use any unlicensed vehicles or animals to transport clients; such as ATVs, snowmobiles or horses? If yes, what do you use? _____ ☐ Yes ☐ No
How many of each? _____
If any ATVs or snowmobiles, will they be kept in a locked storage facility and their keys kept in a separate secured location? ☐ Yes ☐ No
17. Water Liability ☐ N/A
How are boats used? ☐ Rental ☐ Fishing ☐ Hunting ☐ Other, describe _____
What kind of waterway are your boats used on? ☐ Rivers ☐ Lakes/Ponds ☐ Great Lakes ☐ Oceans
Are life vests (PFD's) required? ☐ Yes ☐ No
Please provide a schedule of boats used:
- | Year | Make | Model | Length | HP |
|-------|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
18. Shooting Range ☐ N/A
Is a range master or supervisor on premises during shooting hours? ☐ Yes ☐ No
What is the minimum age of an unsupervised shooter? _____
Is the premises secured and locked when not operating? ☐ Yes ☐ No
What is the maximum distance of ranges? _____
What type of backstop or berm is used? _____
19. Hunting ☐ N/A
What type of game is being hunted? _____
Do you use any of the following: ☐ Tree stands ☐ Shooting platforms ☐ None
If so, please indicate how many of each and describe their use _____
Are safety harnesses used? ☐ Yes ☐ No
20. Do you sell guns? ☐ Yes ☐ No
If yes, are you a licensed gun dealer? ☐ Yes ☐ No
Do you sell only new guns? ☐ Yes ☐ No
Do you sell pistols? ☐ Yes ☐ No

Do you sell rifles? ☐ Yes ☐ No
Number of guns sold per year _____

21. Do you rent guns? ☐ Yes ☐ No
If Yes, please include the rental waiver.

22. Do you reload or sell reloaded ammunition? ☐ Yes ☐ No

23. Do you offer any gunsmithing services? ☐ Yes ☐ No
If Yes, please describe.

24. Liquor Liability ☐ N/A
Projected annual alcohol sales:
Beer \$ _____
Wine \$ _____
Liquor \$ _____

What are the rules about alcohol consumption prior to and while shooting? _____

Has your liquor license ever been suspended, revoked or refused? ☐ Yes ☐ No

Have you ever received a fine from a regulatory agency for violation of any law concerning the sale, service, or distribution of alcohol? ☐ Yes ☐ No

Have there ever been any fights or altercations of any kind? ☐ Yes ☐ No

Will the servers be licensed bartenders, or if not, will the serving be overseen by a licensed bartender? ☐ Yes ☐ No

Will ID's be checked before alcohol is served? ☐ Yes ☐ No

Safety Information

25. Are range rules and safety guidelines clearly posted? ☐ Yes ☐ No

26. Is your property fenced, gated and posted? ☐ Yes ☐ No

27. Will Emergency Medical Systems be on premises or do you have an emergency medical plan in place that is communicated to all employees and volunteers? ☐ Yes ☐ No

Employee Information

28. Do you perform background and reference checks on all prospective guides to determine acceptable experience? ☐ Yes ☐ No

29. Guide Services ☐ N/A
Do you hire guides as independent contractors? ☐ Yes ☐ No
If yes, do you require proof of insurance? ☐ Yes ☐ No

Total number of employees and independent contractor guides _____

For each guide please provide:

Name	Age	Experience	Certified in first aid?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date