



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
5620 Smetana Drive, Suite 225
Minnetonka, MN 55343-9611
Phone: (952) 938-0655
Toll Free: 1-800-862-6038
Fax: (952) 938-0701

Hunting Club/Hunting Preserve Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION

1. Describe the Ownership of the hunt club/preserve land, vehicles and/or other property.

2. Number of Members? Is property fenced? Yes No

3. Number of Acres? Is property posted? Yes No

4. Type of game hunted?

5. When is the preserve open? Year-round Other

6. Is a current Safety Program in effect? Yes No

If yes, describe.

7. Are there any pool, lakes, ponds, rivers or streams on the premises? Yes No

If yes, describe.

8. Describe any special events.

9. Describe any commercial operations conducted on premises.

10. Are guide or outfitters available for hire? Yes No

If yes, list the services provided including receipts for this service.

11. Are members allowed to bring guests on premises? Yes No

12. Is the general public allowed to hunt on premises? Yes No

If yes, how is safety for hunters maintained?

13. Any equipment rented or provided, including firearms and deer stands? Yes No

If yes, provide details of what is provided.

14. Are saddle animals or ATV's allowed? Yes No

If yes, submit.

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

If yes, decline.

16. Describe any clubhouse or lodge.

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
 EACH OCCURRENCE \$ _____
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
 MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

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.

FRAUD STATEMENT

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.