

# THE SENECA COMPANIES

Underwriters with Experience

160 Water St., 16th Fl.  
New York, NY 10038

## Private Hunt Club General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**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): \_\_\_\_\_

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	\$	\$

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

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

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

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

**E. Number of hunters at any one time:** \_\_\_\_\_ **Controls:** \_\_\_\_\_

**F. Number of ponds/lakes:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**G. Posted no swimming?**  Yes  No **Swimming pools?**  Yes  No

**H. Dams/levees?**  Yes  No **If yes, explain:** \_\_\_\_\_

**I. Is club open to the public?**  Yes  No

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 gunsmithing?  Yes  No Any reloads sold?  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)

Explain: \_\_\_\_\_

R. Nearest populated town: \_\_\_\_\_ Nearest public road: \_\_\_\_\_

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. Does applicant lease employees?  Yes  No

Z. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.**

Year	Company	Pol. #	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	Prem./ Ops.	Products

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.

**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.

**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.

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

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

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.

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