

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

HUNTING CLUB QUESTIONNAIRE

(attach to ACORD application)

Applicants Name _____ Current Carrier _____

Address _____ Phone Number _____

City/State/Zip _____ Fax Number _____

Location of Premises (if different) _____

Claims History _____

Additional Insureds _____

INCIDENTAL OPERATIONS

Club House Yes No If yes, area _____

Proshop Yes No If yes, sales _____

Bar/Cooking/Concessions Yes No If yes, sales _____

Archery # of Targets _____ Yes No If yes, sales _____

Paint Ball Operations Yes No If yes, sales _____

Fire Arm Repair Yes No

Reloading supplies Yes No If yes, sales _____

Sale/rental/loaning of Used Guns Yes No If yes, sales _____

Overnight Accommodations Yes No If yes, sales _____

Other Operations _____

SAFETY STANDARDS

Written safety plan? Yes No

Rules posted? (including non-use of alcohol) Yes No

Do you sell alcohol? Yes No

Members only, or, are range passes issued? Yes No

Are instructors and range officers NRA certified? Yes No

Are ranges NRA certified? Yes No

Are range officers trained in First Aid? Yes No

Is entire premises fenced with locked gates? Yes No

Are safety glasses required? Yes No

CLUB INFORMATION

Of Rifle/Pistol Ranges _____
Of Sporting Clay Stations _____
Of Trap Ranges _____
Of Skeet Ranges _____

RANGE DEFINITIONS:

Trap - 1 Trap House = 1 Range
Skeet - 1 High and 1 Low = 1 Range

GENERAL

Annual Revenue: Members \$ _____ (include dues/fees) Non-Members \$ _____
of Members Active _____ Inactive _____
Acres of land owned/leased # _____
Length of Season _____
Type of shoots: _____ Field _____ Blinds _____ Tree Stands
Number of hunting outings per year? _____
Maximum number per party? _____
Hunting Dogs/Guides available? _____
Can hunters use their own dogs? _____
Type of pursuits: _____ Ducks _____ Pheasants _____ Deer _____ Other
Do hunters sign a hold harmless agreement? _____
Any special events during the year? _____ If yes, please explain _____

Submit Diagram of Grounds

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Signature of Applicant Date _____