Capitol Indemnity Corporation Capitol Specialty Insurance Corporation Platte River Insurance Company

OUTDOOR RECREATIONAL CLUBS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.							
Name	d Insured:						
	Do all professionals, and the business, have current licenses where required by statute? Yes No If the business maintains a web site, state the address:						
GENERAL INFORMATION							
2. 3. 4. 5.	Check which applies to your club: For Profit Not-for-Profit Private How many years has applicant been operating club? Date the club was organized? Number of members in club? Are you open to the public? Do participants sign waivers/hold harmless agreement? Are key safety rules posted? Has your club had any claims in the last 5 years? If yes, provide claim detail, dates and amounts paid.	Membersh Yes Yes Yes Yes Yes	nip NoNoNoNo				
10.	Does your club hunt or shoot live game as a club activity? Does your club own (not lease) acreage of land? If yes, number of acres: Does your club use tree stands or raised platforms? Does your club allow the use of horses on site? Does your club have vehicles, boats or mobile equipment owned by or titled in the name of the club? If yes, describe (i.e. ATV, boat w/HP, tractor). List only those owned by or titled in the name	Yes Yes Yes Yes Yes Yes the Yes	☐ No ☐ No ☐ No ☐ No ☐ No ☐ No ☐ Lub.				
	Does your club allow use of member owned vehicles, boats, ATVs, snowmobiles, etc? Does your club sponsor events not held on club premises? If yes, provide: Dates Expected: Estimated Attendance Per Day: Location Held: Event Description:	Yes Yes	□ No □ No				
	Does your club own, lease or operate a shooting range? If yes, does range meet NRA (or equivalent) state, local or municipal guidelines? Is the land posted with "No Trespassing" signs? Are there guidelines on the use of firearms and alcohol? If yes, attach a copy.	☐ Yes ☐ Yes ☐ Yes ☐ Yes	NoNoNoNoNo				



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OPERATIONS						
Hunting Club Shooting Range No. of rifle/pistol ranges? No. of sport clay/trap/skeet stations? No. of archery ranges?	☐ Yes ☐ Yes	□ No □ No	Sales (to public) \$ Sales (to public) \$			
Liquor Sales Cooking/Concessions (if grease cooking, complete a restaurant qestionnaire)	Yes Yes	☐ No ☐ No	Sales (to public) \$ If yes, sales:			
Food Sales Club House Is it rented to public?	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	Sales (to public) \$			
Proshop Paint Ball Operations Fire Arm Repair Reloading supplies	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	☐ No ☐ No ☐ No ☐ No	If yes, sales: If yes, sales:			
Firearm Sales: Are you a licensed dealer: Sale of used firearms Rental loaning of guns Overnight Accommodations Lakes or Ponds Any youth programs? If so, describe # and type:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No No No No No	Where stored? If yes, sales: If yes, sales: # Acreage:			
IMPORTANT NOTICE						
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.						
Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.						
(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)						
Applicant Signature	Title		Date			
Producer Signature			Date			
Producer Name and Address						