

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**HUNTING CLUBS, PRESERVES AND SHOOTING RANGES GENERAL LIABILITY APPLICATION**

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

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Limits of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$



**1. Additional Insured Information:**

Name	Address	Interest

**2. Indicate all operations of applicant:**

- Archery Range:  
 Number indoor: \_\_\_\_\_ Number outdoor: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Hunting Preserve:  
 For-profit: \_\_\_\_\_ Not-for-profit: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Private Membership Club:  
 Type: \_\_\_\_\_ Number of members: \_\_\_\_\_
- Rifle or Pistol Range:  
 Number indoor: \_\_\_\_\_ Number outdoor: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Skeet or Trap Shooting Range: \_\_\_\_\_ Number of ranges: \_\_\_\_\_ Gross sales: \_\_\_\_\_
- Other (describe): \_\_\_\_\_ Gross sales: \_\_\_\_\_

**3. Total number of employees:**..... \_\_\_\_\_

**4. Does applicant have Workers' Compensation coverage in force?** .....  Yes  No

**5. Is the applicant a group of landowners or hunt clubs?**.....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**6. Any wilderness or survival camp operations?**.....  Yes  No

**7. Any archery tag operations?**.....  Yes  No

**8. Total acreage for owned or leased land and lakes:** \_\_\_\_\_

**9. Number of ponds/lakes:** \_\_\_\_\_ Total acreage: \_\_\_\_\_  
 Posted no swimming?.....  Yes  No

**10. Dams/levees?**.....  Yes  No

If yes, complete GLS-113 Dam Questionnaire.

**11. Any swimming or wading pools?** .....  Yes  No

If yes:

- a.** Number of pools:..... \_\_\_\_\_
- b.** Pool area fenced with self-latching gate? .....  Yes  No
- c.** Depths marked?.....  Yes  No
- d.** Rules posted? .....  Yes  No
- e.** Life safety equipment at poolside? .....  Yes  No
- f.** Platforms or diving boards? .....  Yes  No If yes, height: \_\_\_\_\_
- g.** Slides?.....  Yes  No If yes, height: \_\_\_\_\_
- h.** Lifeguards? .....  Yes  No
- i.** Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Braeme Baker Pool and Spa Safety Act?.....  Yes  No

12. Does applicant have any catering operations? .....  Yes  No If yes, gross sales: \_\_\_\_\_
13. Does applicant rent or lease out halls? .....  Yes  No If yes, square feet: \_\_\_\_\_
14. Are alcoholic beverages served, provided or sold? .....  Yes  No If yes, liquor receipts: \_\_\_\_\_
15. Does applicant have a restaurant or concession stand? .....  Yes  No If yes, food receipts: \_\_\_\_\_

Describe: \_\_\_\_\_  
 \_\_\_\_\_

16. Overnight lodging? .....  Yes  No

Describe: \_\_\_\_\_  
 Square footage: \_\_\_\_\_ Number of beds: \_\_\_\_\_

17. Describe other facilities and buildings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Does risk store LPG, flammable liquids, ammunition or explosives on the premises? .....  Yes  No

If yes, type and quantity stored: \_\_\_\_\_

19. Number of boats: \_\_\_\_\_ Number of boats in excess of 26 ft. or with motors over 75 HP: \_\_\_\_\_

Are Coast Guard approved flotation devices provided for each passenger? .....  Yes  No

20. Does applicant require a hold harmless/waiver signed by all participants? .....  Yes  No

21. What safety controls are in place? \_\_\_\_\_  
 \_\_\_\_\_

22. Are minors allowed on the premises? .....  Yes  No

If yes, is it required that they are accompanied by a member and/or parent/guardian at all times? .....  Yes  No

23. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Distance from outside operations to nearest populated town: \_\_\_\_\_

Distance from outside operations to nearest public road: \_\_\_\_\_

25. Does applicant provide firearms? .....  Yes  No

**26. Merchandise and Services:**

Sale of firearms? .....  Yes  No

If yes, receipts: ..... \$ \_\_\_\_\_

Sale of ammunition/black powder? .....  Yes  No

Ammunition reloading? .....  Yes  No

Gunsmithing? .....  Yes  No

Sale of other items? .....  Yes  No

If yes, receipts: ..... \$ \_\_\_\_\_

Describe other items: \_\_\_\_\_  
 \_\_\_\_\_

27. Does applicant provide firearms certification/training schools? .....  Yes  No

If yes, advise payroll: \_\_\_\_\_

28. Number of: Owned ATVs: \_\_\_\_\_ Owned snowmobiles: \_\_\_\_\_

Advise what they are used for: \_\_\_\_\_  
 \_\_\_\_\_

29. Does applicant provide hunting guides? .....  Yes  No

If yes, number of guides: \_\_\_\_\_

30. For shooting ranges, are all participants required to wear hearing and eye protection? .....  Yes  No

**31. For risks with hunting operations:**

Do hunters have valid hunting licenses? .....  Yes  No

Are hunters required to comply with federal and state hunting laws? .....  Yes  No

Number of hunters at any one time: \_\_\_\_\_

Number of owned saddle animals used for hunting trips: \_\_\_\_\_

Number of owned pack animals used for hunting trips: \_\_\_\_\_

Number of stables: \_\_\_\_\_

Number of tree stands provided by applicant: \_\_\_\_\_

Protections (i.e., posted, fenced, etc.): \_\_\_\_\_

32. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri).....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

33. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

34. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**35. Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

**36. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

**37. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK 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 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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.