



Markel Insurance Company
 4600 Cox Road, Glen Allen, VA 23060-9817
 Telephone: (800) 431-1270 Fax: (804) 527-7966
 Email applications to: outdoorapps@markelcorp.com
 Website: markeloutdoors.com

Fishing and Hunting Lodges and Plantations Application

(Submit ACORD applications for Property and Inland Marine Coverages (including full schedule))

Markel Agent Number: _____
 Business Name: _____
 Phone #: _____ Fax #: _____ Email: _____
 Mailing Address: _____ City: _____
 County: _____ State: _____ Zip Code: _____ Website: _____
 Contact Person & Phone Number: _____

Section 1 - Applicant Information

1. Desired effective date: _____
2. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Trust
 Organization Partnership FEIN: _____
3. Number of years business has been established: _____ Number of years in this type of business: _____
4. Has the applicant filed for bankruptcy or had a foreclosure within the last 10 years? Yes No
5. Total receipts for all operations: \$ _____
6. What is your average occupancy rate? _____%
7. Applicant is a member of: NRA Business Alliance Member ORVIS Safari Club International
 Other: _____ None
8. Dates of operation: Opening Date: _____ to Closing Date: _____
9. Do any Additional Insureds need to be added to this policy? (Liability only) If additional space is needed, provide on an additional page.
 - a. Owner of premises Government Entity Other: _____
 Name: _____ Address: _____
 - b. Owner of premises Government Entity Other: _____
 Name: _____ Address: _____
10. Location of actual operation(s), including Street, County, City, State and Zip code. For additional locations, provide on an additional page.

Location	# Acres	# Years at Location	Miles from Fire Department	Check one below:
1.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
2.				<input type="checkbox"/> Own <input type="checkbox"/> Rent

Section 2 – Property and Liability Insurance Information

1. Must be completed in full in order to receive a quote, or attach 3-5 years currently valued, loss information.

Company	Effective/Expiration Date	Premium	No. of Claims	Amount Paid

2. Provide details of losses/incidents over \$2,500 within the past 5 years with dates of loss, including amount paid, on a separate sheet of paper. Check here if none

3. Has your coverage been cancelled (other than non-pay) in the last 3 years? Yes No
 If yes, explain: _____

Section 3 - Safety Measures (This section applies to all activities.)

1. Is the facility unoccupied or unsupervised at any time? Yes No
 If yes, explain: _____

2. a. Does each person participating in an activity, including parent/legal guardian of a minor, sign a Waiver? Yes No

b. Are signed Waivers kept or archived for a minimum of 3 years? Yes No

3. Are emergency procedures and exit routes posted in all guest rooms? Yes No

4. Are all guest rooms equipped with smoke detectors? Yes No

5. Is emergency lighting installed where required? Yes No

6. Are safety rules posted for all guests to read? Yes No

7. Do you have any special accommodations for disabled guests? Yes No

If yes, please provide details: _____

8. a. Total number of employees: _____

b. Do you conduct: Employee/Volunteer Background Checks Reference checks Personal Interviews None

c. Are all employees 18 years or older? Yes No

If no, list duties for employees under 18: _____

9. a. Is at least one employee trained in: EMT First Aid CPR; available at all guest activities? Yes No

b. Are updated and fully stocked medical kits available on premises? Yes No

10. Do employees carry communication devices with them (2-way radio, mobile phone, etc.) in case of emergency? Yes No

11. a. Are written safety procedure guidelines provided to all staff members? Yes No

1) If yes, are safety procedures reviewed with all staff on a regular basis? Yes No

2) Is a formal procedure in place for incident reporting? Yes No

b. Do you have a written crisis management/emergency plan? Yes No

Section 4 - Liability Section

1. Choose one Limit of Liability:

\$500,000 occurrence / \$1,500,000 aggregate

\$1,000,000 occurrence/ \$2,000,000 aggregate

\$1,000,000 occurrence/ \$3,000,000 aggregate

2. Do you lease your facilities for special events? Yes No
 If yes, a. Is a written lease or agreement/contract required for every rental? Yes No
 b. Do you obtain Certificates of Insurance with liability limits of at least \$1,000,000? Yes No
 c. Are you named as an Additional Insured on the lessee's liability insurance policy? Yes No
 d. What are you gross receipts from all rental operations? \$ _____
 e. Are all safety requirements in the lease agreement? Yes No
3. Is alcohol available for guest consumption? Yes No
 If yes, a. Liquor receipts: \$ _____
 b. Does your staff receive Training for Intervention Procedures (TIPS) training? Yes No
4. Are guests allowed to bring their Dog Horse Other: _____ Yes No
 If yes, are all animals required to have inoculations? Yes No
5. a. Check the following included in your operations. Check here if no exposures.
 Bird Sales - Receipts: \$ _____ Liquor Sales - Receipts: \$ _____
 Factory Ammunition Sales - Receipts: \$ _____ *Restaurant - Receipts: \$ _____
 Fishing Equipment Rental - Receipts: \$ _____ Firearm Sales - Receipts: \$ _____
 Fishing Equipment Sales - Receipts: \$ _____ Other: _____ - Receipts: \$ _____
 Gasoline/Fuel Pumps - Receipts: \$ _____ *Complete Restaurant Supplement.
 Pro Shop - Receipts: \$ _____ (don't include firearm sales/receipts)
- b. Any of the above available to members of the public who are not registered guests at the facility? Yes No
6. Is there an air strip on the premises? Yes No
 If yes, a. Used by: Owner Guest Other: _____
 b. *Is the air strip separately insured? Yes No
- *If yes, provide a Certificate of Insurance with an admitted "A" rated carrier, with equal or greater General Liability limits.

Section 5 - Lodging and Premises Information

1. What is your average occupancy rate? _____%
2. Does an owner or manager live on the premises? Yes No
- a. If no, how often do they check the premises? _____
- b. If the owner lives on premises, does the owner have a Homeowners Insurance policy or personal fire and liability insurance? Yes No
- c. Do owners or managers live in the same building as the guests? Yes No
- d. Do any rooms have cooking facilities (other than a microwave)? Yes No
- e. Check all of the following that apply:
- Fire alarm is connected to owner/manager's residence Fireplace
 Fire alarm is central station with 24 hour monitoring Wood Stove
 Fire alarm is loud enough to be heard throughout facility Portable Heater
 Direct egress from all bedrooms via windows, balconies, doors or fire escapes

3. Type of lodging: Plantation House: number of guest rooms: _____ maximum guest capacity: _____
 Cabin: number of guest rooms: _____ maximum guest capacity: _____
 Lodge: number of guest rooms: _____ maximum guest capacity: _____
 Other: _____ number of guest rooms: _____ maximum guest capacity: _____

4. If your business is seasonal, or if property is unoccupied at any time, describe your winterization process: _____

5. Do you own or operate any other businesses or operations, including farming or rental properties? Yes No

If yes, a. Describe businesses and operations: _____

b. Are they insured elsewhere? Yes No

If yes, provide a Certificate of Insurance with an admitted "A" rated carrier, with equal or greater General Liability limits.

NOTE: Policy does not provide Personal Liability Coverage.

Section 6 - Lodge and Plantation Activities

1. All operations must be declared. *Must complete an additional Supplement.

Activity	No Exposure	Included	Ratio of Wranglers/ Guides to Guests	Number of Units	Receipts (if not included in weekly fee)
All Terrain Vehicle Trips	<input type="checkbox"/>	<input type="checkbox"/>			\$
Archery, Rifle Range, Sporting Clay, Trap, Skeet*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Bar/Lounge*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Boating	<input type="checkbox"/>	<input type="checkbox"/>			\$
Cattle Drives	<input type="checkbox"/>	<input type="checkbox"/>			\$
Children's/Youth Camp or Program*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Classes/Seminars/Workshop*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Climbing Wall, Ropes/Challenge Course*, Zip lines	<input type="checkbox"/>	<input type="checkbox"/>			\$
Cross Country Skiing, Snow Shoeing*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Down Hill Skiing	<input type="checkbox"/>	<input type="checkbox"/>	No Coverage Provided		
Guided Fishing	<input type="checkbox"/>	<input type="checkbox"/>			\$
Hay Rides, Sleigh Rides, Wagon Rides, Carriage Rides, and/or Stagecoach Rides*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Hunting	<input type="checkbox"/>	<input type="checkbox"/>			\$
Paint Ball	<input type="checkbox"/>	<input type="checkbox"/>	No Coverage Provided		
River Rafting and Tubing (including White Water)*	<input type="checkbox"/>	<input type="checkbox"/>			\$
RV Camp Hookups	<input type="checkbox"/>	<input type="checkbox"/>			\$
Snowmobile*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Spa Services*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Technical Mountaineering	<input type="checkbox"/>	<input type="checkbox"/>			\$
Trail Rides	<input type="checkbox"/>	<input type="checkbox"/>			\$
Trampoline	<input type="checkbox"/>	<input type="checkbox"/>	No Coverage Provided		
Water Activities/Swimming Pool*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Weddings/Private Parties	<input type="checkbox"/>	<input type="checkbox"/>			\$

2. Are any of the above activities conducted by an independent contractor? Yes No

If yes, what services are contracted out? _____

3. Do you obtain Certificates of Insurance from the independent contractors? Yes No

- If yes, are you named as an Additional Insured on their policy(ies)? Yes No
4. Are any activities conducted off premises? Yes No
If yes, which activities? _____
5. Are any activities unguided? Yes No
If yes, which activities? _____
6. Are any activities open to the public? Yes No
If yes, which activities? _____
7. What activities are available for guests not hunting or fishing? _____

Section 7 - Hunting No Exposure. If no exposure, skip this section.

1. Type of game being hunted: Big Game Turkey Upland Birds Waterfowl Other: _____
2. a. Who is responsible for the layout of hunting lanes or designated areas for hunting? _____
b. What experience does this individual have? _____
c. Does it meet the state regulatory agency? Yes No
3. a. Do you provide firearms for quests? Yes No
b. Indicate if you provide: Gunsmithing Repair services Factory ammunition Reloaded ammunition
 None
c. Do you sell: Firearms Ammunition Factory load Reload Yes No
4. Firearms are sighted in: On-site Shooting Range Off-site Shooting Range Other: _____ None
5. Guide to hunter ratio while hunting: _____ guides to _____ guests
6. Are hunters required to be back by dusk? Yes No
If no, explain: _____
7. a. Type of vehicles used to transport hunters: Hunting Buggy (modified vehicle) All Terrain/Utility Vehicle
 Other: _____ None
b. Are any of the vehicles licensed for road use? Yes No
8. a. Hunting stand(s) used are: Manufactured Homemade None
b. Type of hunting stand(s): Hang-on Tower Ladder Climbing
c. Who installs the hunting stands? Applicant/Employee Guide Guest Other: _____
d. How often are hunting stands checked for safety? Each use Weekly Seasonal Other: _____
c. Are safety harnesses required? Yes No
If not, why? _____
9. Are hunters required to wear fluorescent orange per state regulatory agency guidelines? Yes No
10. a. Are dogs used for hunting? Yes No
b. If yes, how many dogs are owned by you? _____ How many dogs are owned by guests? _____
c. Is applicant: Selling Breeding or Training dogs for other than own use? Yes No
11. Are guests allowed to bring their own dogs? Yes No
12. Percentage of hunting operations are: Guided _____% Unguided _____%
13. Minimum age required for hunting: _____ None

Section 8 - Fishing Questions No exposure. If no exposure, skip this section.

1. Guide to guest ratio while fishing: _____ guides to _____ guests.
2. Are children under 12 always accompanied by a parent or legal guardian? Yes No

Section 9 - Boating No exposure. If no exposure, skip this section.

1. Boats are used for: Hunting Fishing Boat rental Other*: _____ (*Complete Boat Supplement)
2. Any daily rental of boats provided to guests? Yes No
If yes, is boating activity Guided Unguided?
3. a. Boat activities are conducted on: Rivers Lakes/ponds Ocean Bay/inlets.
b. Rivers navigated are: Class I Class II Class III Class IV or higher.
4. Maximum passenger/guest capacity of each boat: _____
5. Are guests allowed to operate boats? Yes No
6. Are coast guard approved life vests (Personal Floatation Devices) provided required to be worn? Yes No
7. Number of boats used: _____ Jon Boat _____ Drift/Float Boat _____ Row Boat _____
 Other: _____
8. a. Describe boats including type, length and horse power (attach separate sheet if needed): _____

b. List bow of boat(s) registration number(s), if applicable: _____

Section 10 - All Terrain Vehicles/Golf Carts/Snowmobiles No exposure. If no exposure, skip this section.

1. All Terrain/Golf Carts/Snowmobiles used for: Transporting guests Tours/sightseeing
 Game retrieval Hunting Other: _____
2. a. Do you offer approved helmets for All Terrain Vehicles and Snowmobile use? Yes No
b. List all activities where you require helmets: _____
3. Minimum age allowed to use an All Terrain Vehicle/Golf Cart/Snowmobile: Ride: _____ age Drive: _____ age
4. Are any vehicles ever loaned or given to employees for their personal use? Yes No
5. Guests are allowed to drive club owned: All Terrain/Utility Vehicles Snowmobiles Golf Carts None
6. Are guests allowed to bring their own: All Terrain Vehicle Snowmobile Golf carts Yes No
7. a. Number of 4 or more wheels: _____ Describe use: _____
b. Number of golf carts: _____ Describe use: _____
c. Number of 3-wheels: _____ Describe Make and use: _____
d. Provide vehicle make, age and model: _____

Note: No liability coverage for individually owned vehicles or non-club activities.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring

information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, NM, RI and WV

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in MD

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.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Please send my insurance policy by: E-mail (Be sure to complete the email address at the top of this application.)
 Please mail my policy (Allow 7-10 business days.)

How did you hear about Markel? Magazine ad Referral Convention/conference Website Other
Describe: _____

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____

(Florida only) Agent license number: _____

Thank you for choosing Markel!