



Hunting Coverage Questionnaire

This form must be completed and submitted when applying for Hunting Coverage on our Homeowners or Agribusiness policies.

Name of Applicant/Insured	Policy Number	Effective Date
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1. Location where hunting takes place: _____
2. Is this location covered under the Agribusiness policy? Yes No
3. Does the insured carry Hunting Preserve Insurance? Yes No
 - a. If so, provide the insurance company name: _____
 - b. What are the Limits? _____
 - c. What does the Hunting Preserve Insurance specifically cover? _____

A Certificate of Insurance must be attached to the questionnaire.

About the Hunting Operation:

1. Is this open to the public? Yes No
2. What type of hunting? _____
3. What are the Gross receipts? _____ What are the Losses? _____
4. What is the approximate number of hunters? _____
5. Who runs the operation? _____
6. Is someone on premises at all times during the hunting season? Yes No

If so, provide the name(s): _____
7. Is there a waiver signed before hunting is permitted? Yes No
8. Are rules given to hunters in writing? Yes No

A copy of the rules must be attached to the questionnaire.
9. Is ammunition sold on the premises? Yes No

Signature of Applicant/Insured

Date