

WELLINGTON SPECIALTY INSURANCE COMPANY

HUNTING SUPPLEMENTAL APPLICATION



**Wellington
Specialty
Insurance Company**

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Website Address: _____

Type of Hunt Exposure: Preserve – Open to the public Preserve – Club members only

Location of Preserve or Hunt: _____

Gross Receipts: \$ _____ Number of members: _____

Number of acres: _____ Size of lakes or ponds (if any): _____

Is property fenced? Yes No Is property posted? Yes No

Type of game hunted: _____

Do all users have valid hunting licenses and comply with federal and state gaming laws: Yes No

Maximum number of hunters allowed to hunt at any one time: _____

Minimum age requirement: _____

Type of weapons that are permitted: _____

Describe any guided tours provided: _____

Any owned vehicles Yes No

Tree and/or deer stands/blinds Yes No

Any boats or watercraft Yes No

Any dogs Yes No

Any paintball Yes No

Any overnight lodging provided Yes No

Any swimming pools Yes No

Applicant provide any guide service Yes No

Saddle animals used Yes No

Number: _____

Draft animals used Yes No

Number: _____

Any reloading, gunsmithing or sale/rental of guns? Yes No

details: _____

Does applicant provide ammunition? Yes No

details: _____

Does applicant provide clothing or equipment? Yes No

details: _____

Are alcoholic beverages served or sold? Yes No

details: _____

Any instruction or training provided for gun use? Yes No

details: _____

Are customers transported on ATVs or snowmobiles? Yes No

Are Release Forms/Liability Waivers required on all customers? Yes No (PROVIDE A COPY)

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

DATE