



Hunting Questionnaire

Date: _____ Policy Number: _____

Named Insured: _____ Agent: _____

Location(s) used for hunting: _____

Number of Acres: _____

1. Hunting Receipts: \$_____. Open to public(day lease) or closed lease? _____

If hunting receipts please explain what _____
they are for: _____.

2. Number of hunters/members of lease: _____. Copy of Lease/Hold Harmless attached:
Yes ___ No ___ (Required prior to binding – include dos & don'ts list.)

Are you listed as an additional insured on lessees Hunting Policy? Yes No

If Yes, please provide a Certificate of Insurance.

3. Maximum number of hunters/members hunting at any one time? _____

Controls in place: _____

What guest privileges are allowed?

4. Type of weapons permitted? _____ Any weapons or ammunition provided by insured?

Yes ___ No ___. If yes, explain: _____

5. Type of game? _____

6. Any exotics? Yes ___ No ___ If yes, describe: _____

7. Any guides? Yes ___ No ___ If yes, number: _____. Experience in years: _____

Name: _____ Certified in first aid/CPR? Yes ___ No ___

Name: _____ Certified in first aid/CPR? Yes ___ No ___

8. Any lodging? Yes ___ No ___ If yes, number of cabins: _____. Beds per cabin: _____

Location: _____ (if more than one, attach diagram)

Smoking permitted? Yes ___ No ___ Smoke detectors present and fully functional? Yes ___ No ___

Fire extinguishers accessible? Yes ___ No ___ Any combustible items stored in building(s) housing

hunters? Yes ___ No ___ If yes, explain: _____

9. Any food provided by the insured? Yes ___ No ___ If yes, type of meals: _____



10. Any alcohol permitted or provided by the insured? Yes ___ No ___
11. Any processing on premises? Yes ___ No ___ If yes, explain: _____
12. Any unusual hazards such as dump pits, sump holes, dikes, ponds, airstrip, oil/gas wells, fire pits, etc.? _____
_____. (Explain in detail & show on diagram.)
13. Number of hunting blinds/stands: _____. Any higher than 4 feet off ground? Yes ___ No ___
Describe transportation to & from: _____
14. Any fishing or swimming? Yes ___ No ___ If yes, explain: _____
15. Number of: horses _____ ATVs _____ Boats _____. Advise use, if any: _____
_____ Dogs _____ Wagons
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Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____