



385 Washington Street, 103N
 St. Paul, MN 55102
 1-800-237-9334

**HUNTING CLUB
 LIABILITY APPLICATION
 For Private Non-Profit Hunting Clubs**

**Make check payable
 and mail or fax application to** ➡

Sadler Sports & Recreation Insurance
 PO Drawer 5866
 Columbia, SC 29250
 800-622-7370 Fax 803-256-4017
 Email: shooting@sadlersports.com

Note: Policies are subject to companies underwriting approval. Coverages and premiums are subject to change without notice.

Not available in Alaska, Hawaii, and DC.

CLUB NAME _____

Telephone () _____ FAX () _____

Club Mailing Address _____
Street City State Zip

Email: _____

Club's Primary Location: County _____ State _____ Zip _____ # of Acres _____
 (Where most club activities occur)

Date Club Was Organized _____ **Name of Prior Insurance Co.** _____
(if none, so state)

Club President _____ **Telephone ()** _____ **Fax ()** _____

Mailing Address _____
Street City State Zip

Email: _____

Club Secretary _____ **Telephone ()** _____ **Fax ()** _____

Mailing Address _____
Street City State Zip

Email: _____

Landowners to be listed as Additional Insureds, \$25 Each

(The landowner cannot be insured without completing ALL information below. If more space is needed, attach additional page.)

Name _____

Address _____

City/State/Zip _____

Acres _____ County _____ State _____

Name _____

Address _____

City/State/Zip _____

Acres _____ County _____ State _____

Name _____

Address _____

City/State/Zip _____

Acres _____ County _____ State _____

Name _____

Address _____

City/State/Zip _____

Acres _____ County _____ State _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is your club organized and operated as a non-profit, member-controlled club? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Number of members in your club _____ | | |
| 3. Has your club had any claims in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide claim detail, dates and amounts paid. _____ | | |
| 4. Does your club hunt or shoot live game as a club activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your club own (not lease) over 25 acres of land? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, number of acres over 25 _____ | | |
| 6. Does your club allow the use of horses? | <input type="checkbox"/> | <input type="checkbox"/> |

Hunting Club Premium Worksheet

Broad Form (INCLUDES claims from members)

(A) Limits *Each Occ/Gen Agg	<u>Excluding Tree Stands</u>		<u>Including Tree Stands</u>		(B) Club Owned Land
	Rate Per Member	Minimum Premium	Rate Per Member	Minimum Premium	
					Acres over 25
\$1,000,000/\$2,000,000	\$19.00	\$450 (23)	\$22.00	\$525 (23)	\$0.12

Additional Insureds

(C) Limits *Each Occ/Gen Agg	Standard Land or Property Interest
\$1,000,000/\$2,000,000	\$25

Premium Calculation:

of Members _____ X Rate _____ = Membership Premium _____ (A) *Minimum Premium May Apply

of Club Owned Acres over 25 _____ X Rate \$0.12 = Owned Land Premium _____ (B)

of Additional Insureds _____ X \$25 = Additional Insureds Charge _____ (C)

Total Premium Due (A) _____ + (B) _____ + (C) _____ = _____*

**Please Note: Depending on your state additional taxes and fees may be charged. If so, you will be notified promptly.*

sah 09/21/06

HOW DID YOU HEAR ABOUT SADLER & COMPANY:?

<input type="checkbox"/> Already doing business with Sadler <input type="checkbox"/> Catalogue/Magazine Advertisement <input type="checkbox"/> Yahoo Search Engine <input type="checkbox"/> Postcard or Flyer from Sadler & Company <input type="checkbox"/> Other: _____	<input type="checkbox"/> Referral From A Friend <input type="checkbox"/> Google Search Engine <input type="checkbox"/> Other Search Engine: _____ <input type="checkbox"/> National Field Archery Association
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HOW TO FAX A CHECK

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) Make check payable to: Sadler & Company, Inc. Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. (***This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.***)
- 3) Photocopy your check so that the page can be faxed.
- 4) Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:

★ **1) Transit Number** – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere near the check number and date) The transit number IS NOT the number(s) at the bottom of the check.

★ **2) Name and address of your bank exactly like it appears on your check** do not look up the address in the phone book – we must duplicate your check exactly as it is printed.

NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. (*If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.*)

WE WILL CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

YOUR PROOF OF COVERAGE (Certificates & Claim Forms) WILL BE EMAILED, FAXED OR MAILED TO YOU WITHIN 5 TO 6 BUSINESS DAYS AFTER YOUR FAX IS RECEIVED IN OUR OFFICE.