



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

SHOOTING, ARCHERY, FISHING, CONSERVATION, COLLECTOR AND SPORTSMEN CLUB LIABILITY APPLICATION For Private Non-Profit 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

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:
Sponsors and Range Owners to be listed as Additional Insureds, \$25 Each

(The sponsors and range owners 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?
If yes, provide claim detail, dates and amounts paid. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?
If yes, number of acres over 25 _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 6. Does your club allow the use of horses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your club sell alcohol?
If yes, provide gross annual receipts. \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your club have vehicles, boats or mobile equipment owned by or titled in the name of the club?
If yes, describe (i.e. ATV, boat w/HP, tractor). List only those owned by or titled in the name of the club.
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your club allow use of member owned vehicles, boats, ATVs, snowmobiles, etc.?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your club sponsor events not held on club premises? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |

Dates Expected	Estimated Attendance per Day	Location Held	Event Description

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 11. Does your club follow approved safety procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are members/guests in compliance with state firearm safety/permit requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your club use tree stands or raised platforms?
If yes, do they have guard rails and/or safety belts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has your club been cited or put on notice of a lead contamination or pollution problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does your club conduct any other type of business?
If yes, describe and provide payroll or receipts. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does your club own, lease or operate a shooting range?
If yes, does range meet NRA (or equivalent), state, local or municipal guidelines?
If no, describe safety specifications. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Requested Occurrence/Aggregate Limit \$1,000,000/\$2,000,000

Broad Form (Includes claims from members)

Desired Effective Date _____ **Total Policy Premium** (from worksheet) \$ _____

*** Exclusions** - All liability policies contain certain standard exclusions which are incorporated in each policy issued. The liability insurance we offer contains such exclusions. Examples of such exclusions are: bodily injury or property damage arising out of operation of an automobile, or from pollutants including asbestos and lead along with costs to remove such pollutants, and all claims from employees of the insured.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I certify that this club is organized as a non-commercial operation.

Signature of Club Secretary or President

Date

Producer Signature

Date

Shooting Club Premium Worksheet

(A)	Broad Form (Includes claims from members)	
Limits	Rate Per Member	Minimum Premium
*Each Occ/Gen Agg		
\$1,000,000/\$2,000,000	\$7.00	\$425 (60)

Additional Insureds

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

Premium Calculation:

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

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

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

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

HOW DID YOU HEAR ABOUT SADLER & COMPANY:?

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

sah 9/21/06

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.