TRAVELERS

Hunting Questionnaire

Date: _____

Named Insured: _____ Agent: _____

Location(s) used for hunting: _____

1. Hunting Receipts: $_____. Open to public(day lease) or closed lease? _____
2. Number of hunters/members of lease: _____. Copy of Lease/Hold Harmless attached: Yes___ No ___. (Required prior to binding – include dos & don'ts list.)
3. Maximum number of hunters/members hunting at any one time? _____
   Controls in place: _____
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: _____

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____