

**APPLICATION FOR COVERAGE**



Club Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

FLA Member:  
 Yes  No

Is electronic delivery of policy documents acceptable?  Yes  No, please mail me a paper copy of my policy documents.  
 Effective Date: \_\_\_\_\_ # of Club Members: \_\_\_\_\_

Limit of Liability Offered: \$1,000,000 Occurrence / \$2,000,000 Aggregate

PRIOR CARRIER INFORMATION	Insurance Carrier	Limits of Liability	Premium
Last Year:	_____	_____	\$ _____
Two Years Ago:	_____	_____	\$ _____
Three Years Ago:	_____	_____	\$ _____

LOSS HISTORY	Description of Incident	Amount Paid/Reserved
Date: _____	_____	\$ _____
Date: _____	_____	\$ _____
Date: _____	_____	\$ _____

Do you have knowledge of any Incident which may lead to a claim?  Yes  No  
 If yes, please describe:

How many years have you been leasing land? _____ Years Is the property posted by the landowner? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property posted by you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are safety harnesses required? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent firearms to guests? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Tree Stands used? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of game is being hunted: <input type="checkbox"/> Deer <input type="checkbox"/> Turkey <input type="checkbox"/> Waterfowl <input type="checkbox"/> Upland Birds <input type="checkbox"/> Hogs <input type="checkbox"/> Other If other, please describe: Do you comply with all Local, State and Federal Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require signed waivers from all guests? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>WATERCRAFT SECTION</b> <input type="checkbox"/> N/A Are boats used for any purpose other than hunting or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you operate airboats or boats over 26 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No	On what bodies of water does use take place? <input type="checkbox"/> Rivers <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> Bays/Inlets If yes, please describe use:
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**LANDOWNERS -(Copy this form if you lease land from more than 5 landowners – or attach spreadsheet)**

**Landowner #1:** Landowner Name: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
# of Acres leased: \_\_\_\_\_ FLA Member?: Yes No

**DETAILED DESCRIPTION OF THE PREMISE/LOCATION LEASED:** *(Example: Timberland, LLC – off Route 72; 3 miles south of Rt. 2 intersection, City, State, Zip) Note: You may wish to reference your Land Deed / Title for a complete location description*

**Landowner #2:** Landowner Name: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
# of Acres leased: \_\_\_\_\_ FLA Member?: Yes No

**DETAILED DESCRIPTION OF THE PREMISE/LOCATION LEASED:**

**Landowner #3:** Landowner Name: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
# of Acres leased: \_\_\_\_\_ FLA Member?: Yes No

**DETAILED DESCRIPTION OF THE PREMISE/LOCATION LEASED:**

**Landowner #4:** Landowner Name: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
# of Acres leased: \_\_\_\_\_ FLA Member?: Yes No

**DETAILED DESCRIPTION OF THE PREMISE/LOCATION LEASED:**

**Landowner #5:** Landowner Name: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
# of Acres leased: \_\_\_\_\_ FLA Member?: Yes No

**DETAILED DESCRIPTION OF THE PREMISE/LOCATION LEASED:**

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## PREMIUM CALCULATION

- STEP ONE:** Select *either* the **LIMITED FORM** or **BROAD FORM** Policy Section below and calculate the Premium.
- STEP TWO:** Enter *the greater of* the Calculated Premium or the Minimum Premium in the FINAL PREMIUM CALCULATION section.
- STEP THREE:** Calculate charge for each Additional Insured Landowner. No charge for first landowner; \$25 per landowner thereafter. Add this amount to the Minimum or Calculated premium. If you reject coverage for Certified Acts of Terrorism, put total in the Sub-total Premium line and continue to Step Five.
- STEP FOUR:** If you elect to purchase coverage for Certified Acts of Terrorism, add an additional charge equal to 5% of the total calculated in Step Three or the Minimum charge of \$50 and continue with Step Five.
- STEP FIVE:** Add the State Tax and FLA Membership Dues to arrive at the Total Amount Due.
- STEP SIX:** Sign and Date Application. Send Application and Payment to the address shown below.

### USE THIS SECTION IF LIMITED FORM POLICY SELECTED

	# of Acres Leased	Multiplied by Rate <i>Per Acre</i>	Calculated Premium	<u>OR</u>	Minimum Premium
If Total # of Acres leased is <b>Less Than 2,500</b> :		X .16	= \$	<u>OR</u>	<u>\$175</u>
If Total # of Acres leased is <b>Greater Than 2,500</b> :		X .10	= \$	<u>OR</u>	<u>\$175</u>

### USE THIS SECTION IF BROAD FORM POLICY SELECTED

	# of Acres Leased	Multiplied by Rate <i>Per Acre</i>	Calculated Premium	<u>OR</u>	Minimum Premium
If Total # of Acres leased is <b>Less Than 2,500</b>		X .470	= \$	<u>OR</u>	<u>\$200</u>
If Total # of Acres leased is <b>Greater Than 2,500</b>		X .300	= \$	<u>OR</u>	<u>\$200</u>

### OPTIONAL CERTIFIED ACTS OF TERRORISM COVERAGE (Refer to enclosed notice LMA9104 for additional information)

<input type="checkbox"/> I hereby elect to purchase coverage for acts of terrorism	Total Premium X 5%	= \$	<u>OR</u>	\$50 minimum premium
<input type="checkbox"/> I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.				\$0 If Coverage Rejected

### FINAL PREMIUM CALCULATION

<b>Minimum OR Calculated Premium</b> (whichever is greater)	\$ _____
Charge for <b>Each Additional Insured Landowner (AI)</b> <b>\$25 x # of AI's &gt; 1</b> (no charge for first landowner)	+ \$ _____
Charge for Optional Certified Acts of Terrorism Coverage (If Purchased)	+ \$ _____
<b>Program Administrator Service Charge:</b>	\$10
<b>Sub-total:</b>	= \$ _____
State Tax Rate (see rate chart next page):	x _____ %
<b>Total Premium &amp; Program Administrator Service Charge &amp; Tax:</b>	\$ _____
<b>FLA Membership Fees Due:</b> (\$50 for <b>each</b> Landowner <i>and</i> \$25 for club)	\$ _____
<b>TOTAL AMOUNT DUE:</b>	\$ _____
	<i>Premium Is Fully Earned at Policy Inception</i>

**RETURN THIS PAGE**

**SIGN & DATE**

**This is an application for insurance. This is not a binder of insurance**

With your signature below and the payment of premium, you acknowledge your approval of the placement of your insurance coverage with the insurance company(ies) shown below and your understanding that the current A.M. Best Rating of each such company is as shown below. *Lockton Affinity, LLC has not performed an independent analysis and as such, cannot guarantee or make any representations in regard to, and expressly disclaims responsibility for, the financial condition of any insurance companies with which we place business.* Any rating information contained in this document has been obtained by a third-party rating agency, and we do not represent or warrant its accuracy. Please refer to [www.AMBest.com](http://www.AMBest.com) for the latest information.

With the signature below and by submission of an order to bind coverage, Client consents and agrees to Lockton's ability to receive the compensation outlined in the attached Services and Compensation Summary under all circumstances. Client understands that this consent and agreement shall continue and apply to each renewal upon payment by Client of a renewal invoice which will disclose any charges applicable to that renewal

This is an application for General Liability Insurance Coverage *Only*. Other Types of Insurance are available such as Auto, Property, Crime and Workers Compensation Insurance. We recommend you review all your insurance needs. Please contact your Client Solutions Representative if you are interested in a quotation for additional coverages or limits.

Please refer to the policies for complete terms, conditions, limitations, definitions, and exclusions that will apply in the event of a loss. A specimen copy of policy forms is available upon request. If there is any conflict between the policy and the descriptions of coverage provided herein, the provisions of your policy shall prevail. With the signature below you acknowledge that you have read and understand the various terms, conditions, notices and advisories of this application.

Insurance Carrier: Certain Underwriters at Lloyd's, London      A.M. Best Rating: "A" - Excellent

Person Submitting Application \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Fax # \_\_\_\_\_

*Return completed application and premium payment to:*  
**Forest Landowners Insurance Program, P.O. Box 874952, Kansas City, MO 64187-4952**  
 1-800-658-7047  
*Program Administered by Lockton Affinity, LLC*

**STATE TAX RATES**

AL - 6%	CT - 4%	IA - 1%	LA - 5%	MS - 7.25%	NJ - 5%	OK - 6%	TN - 5%	WV - 4.55%
AK - 3.7%	DE - 3%	ID - 1.75%	ME - 3%	MO - 5%	NM - 3.003%	OR - 2.3%*	TX - 4.91%	WI - 3%
AZ - 3.2%	DC - 2%	IL - 3.7%	MD - 3%	MT - 2.75%	NY - 3.78%	PA - 3%*	UT - 4.4%	WY - 3.18%
AR - 4%	FL - 5.18%	IN - 2.5%	MA - 4%	NE - 3%	NC - 5%	RI - 4%	VT - 3%	
CA - 3.20%	GA - 4%	KS - 6%	MI - 2.5%	NV - 3.9%	ND - 1.75%	SC - 6%	VA - 2.275%	
CO - 3%	HI - 4.68%	KY - 9%	MN - 3.08%	NH - 3%	OH - 5%	SD - 2.68%	WA - 2.10%	

Additional State Fees: please add to Total Premium above: OR - \$15; PA - \$25

## KEEP THIS PAGE FOR YOUR RECORDS

### NOTICE TO APPLICANT FOR INSURANCE FRAUD WARNING

This notice is part of your application for commercial insurance. For your protection various state laws require the following notice:

**General Fraud Statement** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [New York: substantial] civil penalties. (Not applicable in Colorado, the District of Columbia, Florida, Hawaii, Kansas, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Vermont or Washington; in Louisiana, Maine, Tennessee and Virginia insurance benefits may also be denied.)

#### State Specific Fraud Statements

In **Massachusetts, Nebraska, Oregon** and **Vermont**, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

In addition, in **California**, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

This notice is part of your application for commercial insurance. For your protection **Colorado** law required the following notice: **Fraud Warning** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In the **District of Columbia, Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

In **Florida**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For your protection **Hawaii** law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

For your protection **Ohio** law required you be informed that any person with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For your protection **Oklahoma** law requires the following notice: **Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information is guilty of a felony.

For your protection **Rhode Island** law required you be informed that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For your protection, **Utah** law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

In **Washington**, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**KEEP THIS PAGE FOR YOUR RECORDS**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

**YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.**

LMA9104  
12 January 2015

**KEEP THIS PAGE FOR YOUR RECORDS**  
**NOTICE TO APPLICANT FOR INSURANCE**

**SERVICES AND COMPENSATION SUMMARY**

- 1) Lockton Affinity, LLC (hereinafter “Lockton”), as the insurance broker/agent and administrator for this program, will receive certain compensation, including standard commission, from an insurer, intermediary or other third party as a result of the sale of insurance to you. In addition, Lockton, in its role as administrator of the program, may charge a Program Administrator Service Charge as listed herein (and as listed in any subsequent renewal invoices) which compensates Lockton for services performed, and related costs incurred, for and on behalf of the program participants. Such services and costs include, but are not limited to, insurance program negotiation, design, support and analysis. This charge is not part of any premium paid to any carrier.
- 2) The compensation received by Lockton may differ depending on the product, insurer, intermediary or other third party.
- 3) Lockton may also receive certain incentive compensation, including contingency payments and bonuses as a result of being the insurance broker/agent for this program, from an insurer, intermediary or other third party based upon factors such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience.

By submission of an order to bind coverage and signature of the Request to Bind Coverage Form contained herein, Client consents and agrees to Lockton’s ability to receive the compensation outlined herein under all circumstances. This consent and agreement shall continue and apply to each renewal upon payment by Client of the renewal invoice which will disclose any applicable Program Administrative Service Charge for that renewal.

**SERVICES AND COMPENSATION SUMMARY**  
**NEW YORK DISCLOSURE**

The following disclosure is provided pursuant to Insurance Department Regulation No. 194 (11 NYCRR30.1 et seq.):

Lockton Affinity, LLC (the “producer”) is an insurance producer licensed by the state of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms, and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

**KEEP THIS PAGE FOR YOUR RECORDS**

**NOTICE TO APPLICANT FOR INSURANCE**

**SURPLUS LINES/NON-ADMITTED CARRIER**

Approved, non-admitted insurance carriers are neither licensed by nor under the supervision of the state department of insurance. If an approved, non-admitted carrier is found insolvent, the State Insurance Guaranty Fund will not respond. Also, all premiums are taxable.

Lockton Affinity, LLC has not performed an independent financial analysis and, as such, cannot guarantee or make any representations in regard to the financial condition of any insurance companies with which we place business.

This application is for coverage provided by approved, **non-admitted** carriers shown below.

Certain Underwriters, Lloyd's of London

Please refer to the signature page of this application for the financial rating designated by **A.M. Best** for each carrier. Please refer to [www.ambest.com](http://www.ambest.com) for a description of A.M. Best Company and its rating methods.