



**COLONY INSURANCE COMPANY  
HUNT PRESERVE AND CLUB PDO  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

- Applicant charges a fee to customers for the privilege of hunting in a designated area of land.
- Applicant does not charge a fee for hunting. Hunting is for guests and family.
- Applicant is a club. Club members rent land from others for hunting
- Other (describe operation) \_\_\_\_\_

**GENERAL INFORMATION**

Receipts from Hunting Operation \$ \_\_\_\_\_ Receipts from Club Membership \$ \_\_\_\_\_  
 \_\_\_\_\_ Confirm children under 16 provide a certificate of completion of an approved hunter safety course  
 \_\_\_\_\_ Confirm children under 16 accompanied by an adult  
 \_\_\_\_\_ # Boats used in hunting operation?  
 \_\_\_\_\_ Are boats in excess of 26 feet or engines greater than 50 HP? (prohibited)  
 \_\_\_\_\_ Are used in white water level 3, 4 or 5? (prohibited)  
 \_\_\_\_\_ Are life jackets and safety gear provided?

**LAND OWNED OR OPERATED BY THE INSURED FOR HUNTING**

\_\_\_\_\_ Number of Acres used for hunting operation      Is area fenced? \_\_\_\_\_  
 \_\_\_\_\_ Number of Lakes      # acres of each lake \_\_\_\_\_  
 \_\_\_\_\_ Are no trespassing signs posted ?

**PROHIBITED OPERATIONS - Confirm none of the following is present:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ATVs, Snowmobiles or Saddle Animals              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alligator Trapping                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Firearms – Leasing, renting or selling fire arms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gunsmith or Reloading Operations                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Night time hunting                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Providing tree stands                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Renting or selling firearms                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Renting or lending of equipment                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serving liquor                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe all losses in the past 3 years: \_\_\_\_\_  
 Has insurance been canceled or non-renewed in the past year for non compliance of recommendations?  Yes  No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_