

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

HUNTING SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Do all users have valid hunting licenses and comply with federal and state gaming laws? Yes No

Number of active owners/officers/partners: _____

Number of employees: _____

Number of members: _____

Number of acres: _____

Number of ranges: _____

Type of range: Fenced Posted

Open to public or allow guests? Yes No

How supervised? _____

Estimated annual: Payroll (excl. owner): _____ Gross receipts from hunting: _____

Maximum number of hunters allowed to hunt at any one time: _____

Minimum age required: _____

What type of game is hunted: _____

What type of weapons permitted: _____

Any owned vehicles? Yes No

Any ATV's or snowmobiles? Yes No

Any horses used? Yes No

Any tree and/or deer stands/blinds? Yes No

Any boats, ponds, or lakes? Yes No

Any other watercraft? Yes No

Any dogs? Yes No

Any reloading, gunsmithing, or sale/rental of guns? Yes No

Does applicant provide any guide services? Yes No

Any paintball? Yes No

Any protections? Yes No

Any overnight lodging provided? Yes No

Any swimming pools? Yes No

Any dams or levies? Yes No

Any alcoholic beverages served or sold? Yes No

Any instruction/training provided in gun use? Yes No

Please detail all "yes" answers to the questions on the previous page.

Details:

Attach a copy of waiver/release form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date