



Fly Fishing Club Application

4600 Cox Road, Glen Allen, VA 23060-9817 Phone: (800) 431-1270 Fax: (804) 527-7966
Website: www.markeloutdoors.com Email: mscsubmissions@markelcorp.com

This policy provides coverage for fly fishing clubs and operations that are part of the club such as: meetings, dinners, shows, fly fishing outings, clinics, parades and fund raisers. **This policy is not available for organizations which have been established for less than 5 years.** Club must have a minimum of 6 member meetings a year and a copy of the club by-laws must be submitted.

\$1,000,000 Limit of Liability / \$3,000,000 General Aggregate

| | |
|---|---|
| Name of Club: _____ | Broker Number: _____ |
| Desired Effective Date: _____ | Broker Name: _____ |
| Mailing Address: _____ | Company Name: _____ |
| City: _____ County: _____ | Mailing Address: _____ |
| State: _____ Zip Code: _____ | City: _____ State: _____ Zip Code: _____ |
| State where club is registered: _____ | Phone #: (____) _____ Fax #: (____) _____ |
| Phone #: (____) _____ Fax #: (____) _____ | Email Address: _____ |
| Website: _____ | |

Please indicate where correspondence should be mailed:

Correspondence Contact: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

I. Club Information

- Applicant is: Corporation Joint Venture Limited Liability Company Organization
 Homeowner's Association Partnership
- Total number of individual club members per year (including individuals in family membership): __; Under age 18: __; Age 18 & over: __
- a. Year club was established: _____ b. Membership dues (fee) for each member: \$ _____
- Check all that apply to your operation: *Fishing*: Camps, Schools, Saltwater, International;
 Charter Boat Excursions; None
- Are all club members licensed for fishing? Yes No
- Does your club follow and adhere to the Federation of Fly Fishing Association by-laws? Yes No
- a. Do you obtain signed releases? **(Attach a copy for our records.)** Yes No
b. If yes, do you archive these releases for a minimum of 5 years? Yes No
- List and describe all safety measures taken during any fly fishing event: _____

- Does club own, rent, lease or use any premises on a long term basis? Yes No
a. If yes, indicate the location and number of acres? _____
b. Do you own any bleachers or grandstands? Yes No If yes, Permanent or Temporary; Seating Capacity: _____
Age: _____; Construction: _____; Condition: _____
c. Do any of the buildings contain cooking facilities and/or commercial kitchens? Yes No
d. If yes, is there an ansul or fire extinguishing system? Yes No
- Does your club sell food or beverages, including concession stands? Yes No If yes, gross receipts: \$ _____
- Do you have any other activities other than those indicated? Yes No If yes, please explain: _____

II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

| Company | Dates | Premium | No. of Claims | Amount Paid |
|---------|-------|---------|---------------|-------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

1. a.) Has the applicant ever been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No

b.) If yes, please explain: _____

2. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None

3. Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

III. Additional Insureds

Are you required to name any other party as an additional insured? Yes No If yes, please indicate below:

| Name | Address | Reason & Dates |
|------|---------|----------------|
| | | |
| | | |
| | | |

IV. Boat Questions No Exposure

1. Are boats owned by club *or* others: _____

2. Number of boats used: Jon Boat: ____, Drift / Float Boat: ____, Row Boat: ____, Other: _____

3. Describe boats including type, length and horse power: _____

4. Maximum passenger/guest capacity of each boat: _____

5. Are guests allowed to operate boats? Yes No

6. Are coast guard approved life vests (Personal Floatation Devices) Required *and/or* Provided? Yes No

7. a. Activities take place on: Rivers; Lakes/Ponds; Ocean; Bay/Inlets

b. Name of rivers: _____

c. Classes of rivers: Class I; Class II; Class III; Class IV or higher

V. Public Event Days

A **public event day** is any activity in which non-members or spectators attend or participate.

(Not including monthly meetings, member only events, clean-up river days, & annual banquet.)

Specific dates of each event are required. If dates have not been set, the Company must be notified prior to the event day.

Coverage is not provided for dates that have not been declared at least 10 days in advance of the event.

| Name of Event | Date(s) | Description of Event | Total Number Participants (Other than club members) | Total Number Days Event Held | Maximum Number of Spectators | Does the club serve or provide liquor at this event(s)? | Liquor Gross Receipts |
|---------------|---------|----------------------|---|------------------------------|------------------------------|--|-----------------------|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |

If additional space is needed, please provide information on a separate piece of paper.

VI. All Terrain Vehicles/Golf Carts/Snowmobiles/Mopeds No Exposure

**Must complete an additional supplement.*

1. Are club-owned All Terrain Vehicles/Golf Carts/Snowmobiles/Mopeds used for: Not Used
 Transporting Guests; Tours*/Sightseeing*; Other: _____
2. a. Does club require the use of D.O.T. helmets for All Terrain Vehicle and Snowmobile use? Yes No
 b. What is the minimum age allowed to use an All Terrain Vehicle / Golf Cart / Snowmobile / Moped? _____ years old
 c. Are drivers required to be licensed in the club's state? Yes No
3. a. Who is responsible for maintenance of All Terrain Vehicles/Golf Carts/ Snowmobiles/Moped(s): _____
 b. Does the club have a schedule and daily pre-use inspection log for all motorized vehicles? (If yes, provide a sample copy.) Yes No
4. Are non-members allowed to drive/ride club-owned: All Terrain Vehicles (including mules & gators), Snowmobiles,
 Golf Carts, and/or Mopeds? Yes No
5. Are any vehicles ever loaned or given to club members for non-club activities? Yes No
6. Are members/ guests allowed to bring their own: All Terrain Vehicle, Golf Cart, Snowmobile, Moped? Yes No
7. a. Number of: 4 or more wheels: personal use: _____ club use: _____
 Golf Cart: personal use: _____ club use: _____
 3-wheels: personal use: _____ club use: _____
 Other: _____ personal use: _____ club use: _____
- b. Please provide vehicle: make, age and model: _____

Note: No liability coverage for individually owned vehicles or non-club activities.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Authorization

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

| Signature | Date | Broker Signature (if applicable) | Date |
|-----------|------|----------------------------------|------|
| | | | |

How did you hear about Markel: Magazine Ad; Referral; Convention; Website; Other

Describe: _____

Thank you for choosing Markel Insurance Company!