

**POLICYHOLDER NOTICE  
ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. 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 certain air carriers or vessels 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. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$_____, plus the following taxes and fees:									
	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Premium Amount</td> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Stamping Fee</td> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Surplus Lines Tax</td> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">\$ _____</td> </tr> </table>	Premium Amount	\$ _____	\$ _____	Stamping Fee	\$ _____	\$ _____	Surplus Lines Tax	\$ _____	\$ _____
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<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Terrorism Premium is 10% of base premium; \$100 Minimum</b></td> <td style="width: 50%;"><b>Total of Premium, taxes and fees is _____</b></td> </tr> </table>		<b>Terrorism Premium is 10% of base premium; \$100 Minimum</b>	<b>Total of Premium, taxes and fees is _____</b>							
<b>Terrorism Premium is 10% of base premium; \$100 Minimum</b>	<b>Total of Premium, taxes and fees is _____</b>									
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.									

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Nautilus Insurance Company  
Insurance Company

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**NN1420340**  
Policy Number

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\_\_\_\_\_  
Certificate Holder Name

**Members of Texas Wildlife Association Inc  
General Liability Program Application**

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
 Form of Business: Individual  Partnership  Joint Venture  Corporation  Subchapter "S" Corporation   
 Limited Corporation  Not-For-Profit Organization  Other

**UNDERWRITING INFORMATION**

1. Years in business: \_\_\_\_\_
2. Provide a detailed description of the premises to be covered and the amount of acreage you lease to hunters and/or others for recreational purposes. **Include county name, location, and driving directions to the property, if necessary.**  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Type of member: Lifetime  President's Council  Corporate  Patron  Family   
 Active Member of Texas Wildlife Association
4. If you are not the landowner, are you required to provide coverage to the landowner? .....  Yes  No  
 If yes, provide full name and mailing address of landowner: \_\_\_\_\_
5. Description of Operations: (complete all areas that apply in this section)

Operations	
a. Landowner leasing/providing land to hunters or others for recreational purposes only	Sales:
b. Landowner leasing land to hunters or others, including Farming/Ranching operations	Sales: Total Acreage:
c. Landowner only – looking to insure Farming and Ranching Operations	Total Acreage
d. Lessee of property for hunting and/or recreational purposes	Annual Lease Payment:
e. Outfitters or Guides	Sales:
f. Bed & Breakfast	Sales:
g. Swimming pool on premises	# of pools:
h. Tournaments or Special Events (Describe)	# of events:
i. Rental Dwellings	# of units:
j. Other (Describe)	
<b>Total Sales</b>	

6. Do your operations include any of the following?

- Air taxi operations .....  Yes  No
- Airstrip/landing area location on premises .....  Yes  No
- Ammunition reloading or sales .....  Yes  No
- Firearm rental, loaning, sales, or repair .....  Yes  No
- Helicopter hunting (including if subcontracted out) .....  Yes  No
- Tree stands .....  Yes  No

- 7. Is there any fishing on **OTHER** than interior waters? .....  Yes  No
- 8. Is lodging provided **OTHER** than in conjunction with hunting or other recreational activities? .....  Yes  No
- 9. Is there any water-skiing, tubing, river rafting, or other water activities? .....  Yes  No
- 10. Is any cave exploration or rock climbing done? .....  Yes  No
- 11. Any operations other than the following acceptable exposures: hunting, farming and/or ranching, nature study or observation, camping/lodging, hiking, photography, picnicking, or fishing?  Yes  No

If yes, explain:

12. EQUIPMENT (Boats, Rafts, Canoes or Kayaks)

Year/Make/Model/ Length	Serial Number	Passenger Capacity	Prop / Jet		HP	Use	Value
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

**UNDERWRITING INFORMATION (Continued)**

- Is any of the equipment listed above covered by a separate policy? .....  Yes  No
- How many boats are operated at one time? \_\_\_\_\_
- Do all boatmen have Red Cross First Aid Cards? .....  Yes  No
- White water exposures? .....  Yes  No
- If yes, what is the Maximum Class: I, II, III, IV? \_\_\_\_\_
- Are Life jackets provided? .....  Yes  No

13. VEHICLES USED BY CLIENTS

Do your operations include:	Helmet Provided?		If YES, is it used <b>exclusively</b> by you and your employees and only for the purpose of transporting luggage, provisions, and / or hunted game in conjunction with your operations?	
	Yes	No	Yes	No

Snowmobiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATV's	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses/Saddle Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pack Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft (including helicopters)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please describe) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- \_\_\_\_\_ GENERAL AGGREGATE - \$2,000,000 / PRODUCTS & COMPLETED OPERATIONS – INCLUDED / PERSONAL & ADVERTISING INJURY (ANY ONE PERSON) - \$1,000,000 / EACH OCCURRENCE - \$1,000,000 / DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) - \$50,000 / MEDICAL EXPENSE (ANY ONE PERSON) - \$1,000
- \_\_\_\_\_ GENERAL AGGREGATE - \$2,000,000 / PRODUCTS & COMPLETED OPERATIONS – INCLUDED / PERSONAL & ADVERTISING INJURY (ANY ONE PERSON) - \$1,000,000 / EACH OCCURRENCE - \$2,000,000 / DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) - \$50,000 / MEDICAL EXPENSE (ANY ONE PERSON) - \$1,000
- \_\_\_\_\_ GENERAL AGGREGATE - \$3,000,000 / PRODUCTS & COMPLETED OPERATIONS – INCLUDED / PERSONAL & ADVERTISING INJURY (ANY ONE PERSON) - \$1,000,000 / EACH OCCURRENCE - \$1,000,000 / DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) - \$50,000 / MEDICAL EXPENSE (ANY ONE PERSON) - \$1,000
- \_\_\_\_\_ GENERAL AGGREGATE - \$3,000,000 / PRODUCTS & COMPLETED OPERATIONS – INCLUDED / PERSONAL & ADVERTISING INJURY (ANY ONE PERSON) - \$1,000,000 / EACH OCCURRENCE - \$2,000,000 / DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) - \$50,000 / MEDICAL EXPENSE (ANY ONE PERSON) - \$1,000

**MANAGERS OR LESSORS OF PREMISES TO BE NAMED AS ADDITIONAL INSURED** (additional charge applies):

Name And Address	Additional Insured	Certificate
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**ENTITIES TO BE NAMED ON WAIVER OF SUBROGATION** (additional charge applies):

CHECK HERE FOR BLANKET COVERAGE:

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

Prior Carriers (Last Three Years):

Year	Carrier	Policy Number	Limits	Premium

**Loss History (Last Five Years)**

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**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.

**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.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other 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.

### **Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, 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 may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

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 civil fines and criminal penalties.

### **New York**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio**

Any person who, with intent to defraud or knowing that he 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.

### **Oklahoma**

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.



**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date