

INDEPENDENT INSURANCE CENTER, INC.

1739 Citadel Plaza ▲ San Antonio, Texas 78209-1013

(210) 821-5080 ▲ Fax (210) 805-1290 ▲ Toll-free (888) 821-5080 ▲ www.iicsa.com

Offices in San Antonio and Brownsville



Enclosed is the following information

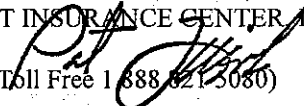
1. Texas Wildlife Association Membership application – This membership is a requirement for this insurance program – you must be at least an active member (\$125.00 per year). Make check payable to Texas Wildlife Association and **mail directly to them.**
2. a) General Liability Application – Complete this application, date and sign. We **MUST** have simple driving directions to the property location(s) including the acreage and county. b) For a **copy** of your Hold Harmless Agreement in your favor that all parties must sign (“sample” Hold Harmless Agreement attached). You may alter this form to fit your operations or you may use your own. Either way, you must send us a copy of what you will use.
3. Pricing Guidelines – This chart provides a breakdown of the premium for each type of classification we offer. Select the **TOTAL** premium applicable.
4. A check made payable to **Independent Insurance Center, Inc.** for the **TOTAL** premium for the coverage(s) that we offer (if no other quote is required).
5. Acceptance or Rejection of Certified Acts of Terrorism Insurance Coverage Form WW 405D
 - a) If you **DECLINE** this offer, check the block **DECLINE** on the form, **SIGN** and **DATE**,
 - b) If you **ELECT** to purchase, check the block **ELECT** on the form, **SIGN** and **DATE**. Include an **ADDITIONAL** \$104.91 (minimum) with your payment. Should there be further payment for this Terrorism Coverage, we will advise you.

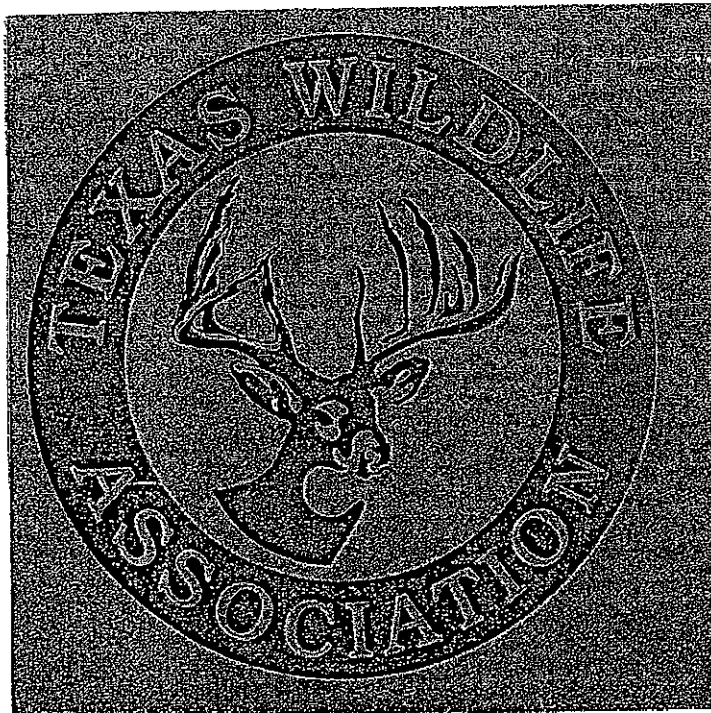
BE SURE AND RETURN THE FOLLOWING TO OUR OFFICE:

- 1) The completed and signed General Liability Application
- 2) Your check for the full amount of the premium
- 3) A sample of your Hold Harmless Agreement
- 4) The completed and signed Terrorism Form.

Should you have any questions, please call our office and we will be happy to assist you. We appreciate your interest in our program and the opportunity to serve you.

NOTE: WE CANNOT BIND COVERAGE UNTIL REVIEW AND APPROVAL OF REQUIRED MATERIAL & PAYMENT. THE PREMIUM IS FULLY EARNED ONCE THE COMPANY BINDS COVERAGE. IN THE EVENT THE INSURED CANCELS THE COVERAGE, THERE WILL BE NO RETURN PREMIUM.

INDEPENDENT INSURANCE CENTER, INC.
Mr. J. Pat Quirk 
(210) 821 5080 (Toll Free 1 888 821 5080)
X 122
Encls.



Membership Application

Name: _____ E-mail: _____ Sponsor: Pat Quirk
(Referring Member)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ County: _____

Please check appropriate boxes and send your payment with this application to:
 Texas Wildlife Association

2800 NE Loop 410, Suite 105 • San Antonio, TX 78218
 (210) 826-2904 • FAX (210) 826-4933 • (800) 899-9453

Some contributions to the Texas Wildlife Association may be deductible as business expenses but are not deductible as charitable donations for federal income tax purposes. The deductible portion of your dues for fiscal 2006 is 75%.

Credit Card: MasterCard VISA American Express

Card #: _____ Expires: _____

Name on Card: _____

Signature: _____

Membership Classifications Amount Enclosed

| Voting | | | |
|-------------------------------------|-------------------------|-----------------|-----------------|
| <input type="checkbox"/> | Life Member | \$2,400 | one time |
| <input type="checkbox"/> | Conditional Life Member | \$100 | per mo (24 mos) |
| <input type="checkbox"/> | President's Council | | |
| <input type="checkbox"/> | (Platinum) | \$10,000* | per year |
| <input type="checkbox"/> | (Gold) | \$5,000-\$9,999 | per year |
| <input type="checkbox"/> | (Silver) | \$1,000-\$4,999 | per year |
| <input type="checkbox"/> | Corporate | \$550 | per year |
| <input type="checkbox"/> | Patron | \$325 | per year |
| <input type="checkbox"/> | Family | \$200 | per year |
| <input checked="" type="checkbox"/> | Active | \$125 | per year |

| Non-voting | | | |
|--------------------------|--|---------|----------|
| <input type="checkbox"/> | Associate | \$35 | per year |
| <input type="checkbox"/> | Student (ages 17-22) | \$20 | per year |
| <input type="checkbox"/> | Youth (under 17) | \$12 | per year |
| <input type="checkbox"/> | Youth Life Member (12 years or younger) | \$1,000 | one time |

Join Online at
www.texas-wildlife.org

*Includes \$18/yr for monthly magazine subscription.

WESTERN WORLD INSURANCE COMPANY
TEXAS WILDLIFE ASSOCIATION, INC. – GENERAL LIABILITY PROGRAM APPLICATION

Limits of Liability: GENERAL AGGREGATE - \$2,000,000.; PRODUCTS/COMPLETED OPERATIONS AGGREGATE – INCLUDED;
 PERSONAL & ADVERTISING INJURY - \$1,000,000.; EACH OCCURRENCE - \$1,000,000.;
 FIRE LEGAL - \$50,000.; MEDICAL EXPENSE - \$1,000.

APPLICATION INFORMATION:

| | | | | | | |
|---|---|--|--------------------------------------|---|-------------------|--|
| NAME: (legal name as shown on lease agreement or property deed) | | | | | | |
| MAILING ADDRESS: | | | | | | |
| PROPOSED EFFECTIVE DATE: | | FROM: | | TO: | | |
| FORM OF BUSINESS: | | | | | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Corporation | <input type="checkbox"/> Subchapter "S" Corporation | YEARS IN BUSINESS | |
| <input type="checkbox"/> Limited Corporation | <input type="checkbox"/> Not For Profit Org | <input type="checkbox"/> Other | | | | |

PREMISES/LOCATION AND DESCRIPTION:

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.** Attach additional page(s) if necessary.

DESCRIPTION OF OPERATIONS: (complete all areas that apply in this section)

| | |
|---|-----------------------|
| Landowner leasing land to hunters or others for recreational purposes only | Annual Receipts: |
| Landowner leasing land to hunters or others for recreational purposes, to include Farming/Ranching operations | Annual Receipts |
| Landowner only – looking to insure Farming and Ranching operations | Total Acreage: |
| Lessee of property for hunting and/or recreational purposes | Total Acreage: |
| Outfitters or Guides | Annual Lease Payment: |
| Other: | Annual Receipts: |

PRIOR CARRIER INFORMATION:

Do you currently have insurance for these exposures?
 If yes, provide name of carrier: _____

LOSS HISTORY:

Have there ever been any incidents, claims, occurrences or losses related to hunting or recreational activities?
 check here if NONE check here if yes, attach description, including status and date of loss, amount paid or reserved

GENERAL INFORMATION:

| YES | NO | Explain all "YES" answers |
|-----|----|--|
| | | 1. Are you a <input type="checkbox"/> Lifetime <input type="checkbox"/> President's Council <input type="checkbox"/> Corporate <input type="checkbox"/> Patron <input type="checkbox"/> Family |
| | | <input type="checkbox"/> Active Member of Texas Wildlife Association (Only these membership categories are eligible for coverage under this program) |
| | | 2. If you are not the landowner, are you required to provide coverage to the landowner? If yes, provide full name and mailing address of landowner : |
| | | 3. Is there a swimming pool on the premises? |

ADDITIONAL EXPOSURES:

| YES | NO | If you respond "YES" to any of the following questions, PLEASE PROVIDE FULL AND COMPLETE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT TO COMPANY FOR A QUOTE. |
|-----|----|--|
| | | A. Is there any fishing on OTHER than interior waters? |
| | | B. Is lodging provided OTHER than in conjunction with hunting or other recreational activities? |
| | | C. Are any Tournaments or Special Events held? |
| | | D. Any water-skiing, tubing, river rafting or other water activities (other than a swimming pool)? |
| | | E. Is any ammunition reloading done by the applicant for others? |
| | | F. Is any ammunition sold that is not commercially manufactured? |
| | | G. Is there any rental or loaning of firearms? |
| | | H. Is there any sale or repair of firearms for others? |
| | | I. Is any cave exploration or rock climbing done? |
| | | J. Any use, ownership, operation or maintenance of any boat with or without motor UNDER 50 H.P.? Please list if answer is yes as they must be scheduled on policy. (Any boat with motor OVER 50 H.P. IS NOT eligible for coverage.) |
| | | K. Are you looking to insure for anything other than the following acceptable exposures?: Hunting, Farming and/or Ranching, Nature study or observation, Camping/Lodging, Hiking, Photography, Picnicking or Fishing. If so, provide details. |
| | | L. Are ATV's used for other than transportation to or from the site of the acceptable activity stated in "K" above? |

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title _____

Print Name: _____

Daytime Phone: _____ Fax: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance. Premium is **fully earned** when the Insurance Company does bind coverage. In the event the insured cancels the coverage, **there will be no return premium.**

Please attach:

- (1) Copy of lease agreement which must contain favorable HOLD HARMLESS wording.
- (2) Terrorism Form WW405D

Mail to: Pat Quirk, Independent Insurance Center, 1739 Citadel Plaza, San Antonio, TX 78209
 PHONE: (210) 821-5080 TOLL FREE: 1-888-821-5080 FAX: (210) 805-1290

**RELEASE OF LIABILITY
AND
ACKNOWLEDGMENT AND ACCEPTANCE
OF DANGERS, RISKS, AND HAZARDS
OF HUNTING LEASE**

I hereby acknowledge that I have knowingly and willingly entered a Hunting Lease Agreement, or become a party bound by the terms and conditions of a Hunting Lease Agreement by and between _____, and _____, dated _____, _____. I understand the terms, provisions and conditions of the Hunting Lease Agreement and will abide by its terms, provisions and conditions.

I further acknowledge and understand that no warranty, either expressed or implied, is made by the Lessor as to the condition of the hunting lease (hereinafter the leased premises) located in _____, County, TX or any roads, buildings, gates or other improvements located thereon. This document is sufficient warning that dangerous conditions, risks and hazards do exist. My presence and activities on the leased premises expose both me and my property to dangerous conditions, risks and hazards, including but not limited to: poisonous snakes; insects and spiders; blinds and tree stands, whether or not erected by Lessor; erosion and general condition of the land, both on and off roadways or senderos, creating rough, hazardous and dangerous driving and walking conditions; animals, both wild and domestic that may be diseased and/or potentially dangerous; deep water; person(s) with firearms both on or off the leased premises; and the use of vehicles. I hereby state that I expressly assume all such dangers, risk and hazards.

In consideration for the right to enter leased premises, I hereby release and agree to protect, indemnify and hold harmless the Lessor and his or her respective agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorney's fees, resulting from any accident, incident or occurrence arising out of, incidental to or in any way resulting from the use of the leased premises and all improvements thereon, whether or not caused by the Lessor's negligence or gross negligence. This release applies during the time that I am permitted on the leased premises. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Lessor or his/her respective heirs, agents, representatives, employees, successors or assigns.

As used in this release, the terms I, *my person* and *myself* include minors in my care while on the leased premises.

Dated and signed this _____ day of _____, _____.
(Day) (Month) (Year)

(Hunter's Signature)

(Hunter's Printed Name)

Hunter's Address:

THIS IS OFFERED AN A SAMPLE ONLY
YOU MAY ALTER TO FIT YOUR OPERATIONS.

WESTERN WORLD INSURANCE GROUP

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 concurrence with the Secretary of State, 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 any effort to coerce the civilian population of the United States or to influence the policy or effect the conduct of the United State Government of coercion.

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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% 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 TERRORISM RISK INSURANCE ACT, AS AMENDED 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, YOU COVERAGE MAY BE REDUCED.

ACCEPTANCE OR REJECTION OF CERTIFIED ACTS OF TERRORISM INSURANCE COVERAGE

I hereby **DECLINE TO PURCHASE** Terrorism Coverage. I understand that I will have
(CHECK ONE) no coverage for losses resulting from acts of terrorism.

I hereby **ELECT TO PURCHASE** Terrorism Coverage for a prospective premium of 5% of the policy
Premium subject to a \$104.91 minimum (includes taxes and fee)

Account Name

NPP1215183 -- Certificate -

Policy Number

X _____
Policyholder/Applicant's Signature

X _____
Print Name

X _____
Date

Western World Insurance Company – Tudor Insurance Company – Stratford Insurance Company
400 Parson's Pond Drive Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

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Pricing Guidelines - Rates: Effective 05-01-2009

RATE CHART A: Hunting and/or Recreational Operations

| HUNTING &/OR RECREATIONAL OPERATIONS: Owners of land leased to others or Lessees of Land – NOT GUIDES AND OUTFITTERS | | | | | | |
|---|-------------|----------------|------------|----------|--------------|-------------------|
| Premium Basis: Per Annual Receipts | Code No. | Base Premium | Policy Fee | Tax | Stamping Fee | Total Premium |
| 0 - \$10,000 | #45224 | \$380.00 | \$50.00 | \$20.86 | \$.26 | \$451.12 |
| \$10,001 - \$20,000 | #45224 | \$472.00 | \$50.00 | \$25.32 | \$.31 | \$547.63 |
| \$20,001 - \$50,000 | #45224 | \$705.00 | \$50.00 | \$36.62 | \$.45 | \$792.07 |
| \$50,001 - \$75,000 | #45224 | \$1,220.00 | \$50.00 | \$61.60 | \$.76 | \$1,332.36 |
| \$75,001 - \$100,000 | #45224 | \$1,751.00 | \$50.00 | \$87.35 | \$1.08 | \$1,889.43 |
| \$100,001 - \$150,000 | #45224 | \$2,082.00 | \$50.00 | \$103.40 | \$1.28 | \$2,236.68 |
| \$150,001 - \$200,000 | #45224 | \$2,530.00 | \$50.00 | \$125.13 | \$1.55 | \$2,706.68 |
| \$200,001-\$1,000,000 | #45224 | 1.27% receipts | \$50.00 | 4.85% | .06% | TBD |

CALL FOR QUOTES ON RECEIPTS OVER \$1,000,000.

TO ADD Farming and/or Ranching Operations, add the premium from the following chart to the total premium (Rate Chart A or C) to calculate your total annual premium charge.

TO ADD FARMING AND/OR RANCHING OPERATIONS:

| Premium Basis: Per # of Acres | Code # | Additional Base Premium | Policy Fee | Add'l Tax | Additional Stamping Fee | Additional Premium |
|----------------------------------|--------|----------------------------|------------|-----------|----------------------------|-----------------------|
| Up to 5,000 | #99999 | \$190.00 | Waived | \$ 9.22 | \$.11 | \$199.33 |
| 5,001 - 10,000 | #99999 | \$280.00 | Waived | \$13.58 | \$.17 | \$293.75 |
| 10,001 - 25,000 | #99999 | \$370.00 | Waived | \$17.95 | \$.22 | \$388.17 |
| 25,001 - 50,000 | #99999 | \$461.00 | Waived | \$22.36 | \$.28 | \$483.64 |
| 50,001 - 100,000 | #99999 | \$550.00 | Waived | \$26.68 | \$.33 | \$577.01 |

CALL FOR QUOTE ON ACREAGE OVER 100,000

RATE CHART B: Farming and/or Ranching Operations with no Commercial Hunting and/ or recreational operations

| FARMING AND/OR RANCHING OPERATIONS: | | | | | | |
|--|-------------|--------------|------------|---------|--------------|-------------------|
| Premium Basis: Per # of Acres | Code No. | Base Premium | Policy Fee | Tax | Stamping Fee | Total Premium |
| Up to 2,500 | #99999 | \$472.00 | \$50.00 | \$25.32 | \$.31 | \$547.63 |
| 2,501 - 10,000 | #99999 | \$605.00 | \$50.00 | \$31.77 | \$.39 | \$687.16 |
| 10,001 -20,000 | #99999 | \$803.00 | \$50.00 | \$41.37 | \$.51 | \$894.88 |
| 20,001 - 50,000 | #99999 | \$1,069.00 | \$50.00 | \$54.27 | \$.67 | \$1,173.94 |
| 50,001 - 75,000 | #99999 | \$1,334.00 | \$50.00 | \$67.12 | \$.83 | \$1,451.95 |
| 75,001 - 100,000 | #99999 | \$1,668.00 | \$50.00 | \$83.32 | \$1.03 | \$1,802.35 |

CALL FOR QUOTE ON ACREAGE OVER 100,000

RATE CHART C: Leasing land from others

| GUIDES AND OUTFITTERS | | | | | | |
|---------------------------------------|-------------|------------------|------------|----------|--------------|-------------------|
| Premium Basis: Per Annual Receipts | Code No. | Base Premium | Policy Fee | Tax | Stamping Fee | Total Premium |
| 0 - \$20,000 | #44222 | \$671.00 | \$50.00 | \$34.97 | \$.43 | \$756.40 |
| \$20,001 - \$50,000 | #44222 | \$903.00 | \$50.00 | \$46.22 | \$.57 | \$999.79 |
| \$50,001 - \$75,000 | #44222 | \$1,255.00 | \$50.00 | \$63.29 | \$.78 | \$1,369.07 |
| \$75,001 - \$100,000 | #44222 | \$1,768.00 | \$50.00 | \$88.17 | \$1.09 | \$1,907.26 |
| \$100,001 - \$150,000 | #44222 | \$2,497.00 | \$50.00 | \$123.53 | \$1.53 | \$2,672.06 |
| \$150,001 - \$200,000 | #44222 | \$3,494.00 | \$50.00 | \$171.88 | \$2.13 | \$3,718.01 |
| \$200,001 - \$250,000 | #44222 | 1.52% of receipt | \$50.00 | 4.85% | .06% | TBD |

CALL FOR QUOTE ON RECEIPTS OVER \$250,000.

RATE CHART D: Additional Exposures:

| | | | | | | |
|--------------------------|-----------------------|---|----------------------|----------------|---------------------------|----------------------------------|
| Swimming Pool | Code No. #48925 | Base Premium \$289.00 per pool | Policy Fee Waived | Tax \$14.02 | Stamping Fee \$.17 | Total Premium \$303.19 |
| Waiver of Subrogation | Code No. #99999 | Base Premium \$275.00 each waiver | Policy Fee Waived | Tax \$13.34 | Stamping Fee \$.17 | Total Premium \$288.51 |
| TERRORISM | | 5% OF BASE PREMIUM(S) | Policy Fee Waived | 4.85% | .06% | TBD or \$104.91 Minimum Prem. |

PLEASE NOTE: PREMIUM IS FULLY EARNED WHEN THE INSURANCE COMPANY BINDS COVERAGE. IN THE EVENT THE INSURED CANCELS THE COVERAGE,

THERE WILL BE NO RETURN PREMIUM