

Shooting Sports General Liability & Property Application

General Information:

1. Business name: _____
2. Street address: _____
City, State, Zip: _____
3. Individual to contact: _____ Web-Site: _____
4. Telephone # (____) _____ Fax # (____) _____ E-mail: _____
5. Applicant is: Individual Corporation Partnership LLC Other: _____
6. Federal Employers ID #: _____ or Social Security #: _____
7. Years in business _____ If new venture, attach a narrative describing your business & firearms experience.
8. Location of premises to be insured. Complete the following information for each location. (Use a separate sheet of paper if necessary): _____
_____ County: _____
 - a) Is it a commercial building or dwelling? If it is a dwelling, is it a detached building? Yes No.
 - b) Please provide evidence of homeowners insurance if the business is located on the same property as your home.
 - c) Are you the: Owner Tenant Lease part of the Building?
Total square footage you occupy: _____
If you are not the sole occupant of the premises please describe other occupants: _____

 - d) If you are required to add your landlord as an additional insured, please provide name and address. _____

9. Proposed effective date of coverage: _____
10. How did you hear about this insurance program: _____

11. Indicate the organizations you are a member of:
 NSSF NAFR NRA NASR OTHER _____

Business Information:

Check ALL operations, which describe your business:

- Wholesale/Distributor Retail Sales Gunsmithing Range Shooting or Hunting Club
- Ammunition manufacturing (including Reloading)
- Manufacturer of any product. **Submit** detailed narrative about the product(s) with literature, brochures, price lists, etc.
- Other _____

Rating Information:

1. What were your Gross Sales/Receipts for the past 12 months? \$ _____
2. What are your projected Gross Sales/Receipts this policy year? _____
3. What is your projected payroll this policy year? \$ _____
4. Do you use the services of an independent gunsmith? Yes No. If yes, does the gunsmith have liability insurance? Yes No. Please attach a copy of the Gunsmith's Certificate of Liability Insurance.
5. Please provide estimated sales for each classification, rounding off to the nearest thousand dollars. If you have no sales for a particular classification, indicate that by writing "NONE" for that classification.

The following items can be deducted from gross sales:

- Sales or excise taxes which are collected and submitted to a governmental division.
- Freight charges, if charged as a separate item on customer invoices.

	Classification	Estimated Sales/Receipts
A.	Wholesale or Distributor	
	1. Firearms, Ammunition & Associated Products*	\$ _____
B.	Retail Sales	
	1. Firearms, Ammunition & Associated Products*	\$ _____
	2. All Other Products	\$ _____
C.	Gunsmithing, (including assembly of firearms)	\$ _____
D.	Manufacturing of Reloaded Ammunition	\$ _____
E.	Manufacturing of New Ammunition (including imported ammo)	\$ _____
F.	Bullet Manufacturing	\$ _____
G.	Firearms Instruction	\$ _____
H.	Ranges/Club (Indoor)	\$ _____
	Ranges/Club (Outdoor)	\$ _____
I.	Skeet, Trap & Sporting Clays	\$ _____
J.	Archery Range (Indoor)	\$ _____
	Archery Range (Outdoor)	\$ _____
K.	Custom Stocker***	\$ _____
L.	Custom Barrel Maker***	\$ _____
M.	Accessory Manufacturing***	\$ _____
N.	Gun Part Manufacturing***	\$ _____
O.	Firearms Manufacturing***	\$ _____
TOTAL ESTIMATED SALES/RECEIPTS		
NOTE:	Total Sales/Receipt should equal your projected Gross Sales/Receipts.	\$ _____

Range Supplement

Name of applicant: _____

If you own or operate a shooting range, you must complete this application. If necessary, use a separate sheet to answer all questions fully.

1. Location of range: _____
2. Type of range: Indoor Outdoor Pistol Rifle Air Gun
 Trap, Skeet or Sporting Clay Archery Simulation Paint Ball
3. What are your range hours? _____
4. Is the range open to: Public Club Members Law Enforcement

Indoor Range:

1. Is the range built by: Caswell/Detroit Unysis Action Target Savage Meggitt
 Shooting Range International Other (pictures required)

If other, what specifications were used? _____

2. Number of lanes: _____
3. What is the construction of the building? _____
4. Describe the ventilation system. _____
5. Describe the backstop. _____
6. Describe the partitions between firing points. _____
7. How do you dispose of the spent brass and lead? _____

8. Describe your range maintenance program, including range maintenance log, the procedure for cleaning the range floor, walls, ventilation system, and filtration system, describe the protective clothing worn, equipment used and protection of maintenance personnel, such as blood tests. _____

Outdoor Range:

1. Number of fields: _____
2. Are there warning signs posted around the facility indicating "NO TRESPASSING" and "LIVE FIRE"? Yes No
3. Describe the impact area: _____
4. If this is a hunting preserve, what is the total acreage: _____

Range Safety and Protection:

1. Describe safety requirements, rules and procedures at your range. Include a photograph of posted range regulations and safety rules. Provide us with a copy of your policy and procedure manual. _____

2. Is a Rangemaster or range safety officer in control of the range when it is operating? Yes No
3. Is the Rangemaster or range safety officer present on the firing line when the range is operating? Yes No
If no, how does he control the firing line? _____

4. Do you provide firearms training or instruction? Yes No
 - a) If the instructors are not your employees, do you secure certificates of insurance from them? Yes No
If yes, are you named as an Additional Insured on their insurance policy? Yes No
 - b) Are all instructors NRA certified? Yes No. If no, how are they certified? _____

5. Do you rent firearms at your range? Yes No
 - a) Which of the following forms of identification do you require from customers wishing to rent guns?
 Picture Drivers License Social Security Card Firearms Safety ID Card NRA ID Card
 School/Employment ID Card Firearms ID Card Hunters Safety Card
 - b) Do you determine renter's experience by requiring them to complete and sign a Firearms Experience Application?
 Yes No If yes, attach a copy. If no, it must be implemented into your procedures.
A sample is available upon request.
6. As part of your enforcement of eye and hearing protection requirements, do you provide eye and hearing protection devices to those customers who do not have their own? Yes No
7. Is there a separate area for spectators? Yes No
 - a) If yes, please describe the spectator area: _____

8. Provide a copy of Emergency Procedures that have been developed at your range.
 - a) Are First-Aid supplies available? Yes No
Are emergency telephone numbers (Police & Ambulance) prominently displayed? Yes No
9. Club House Facilities:
 - a) Do you serve or sell liquor? Yes No
 - b) Do you serve or sell food? Yes No Do you prepare and/or fry food? Yes No
 - c) Do you rent the clubhouse for private functions to: Members Non-Members?
Examples: Parties, Special Events or Meetings (Provide details on a separate sheet of paper)
10. Do you host shooting events? Yes No If yes, How many per year? _____

*Membership in The National Association of Shooting Ranges (NASR) is a valuable tool for proper range management.

PROPERTY UNDERWRITING SUPPLEMENT

Please complete the application. Wherever limits of coverage are requested, please provide the total values at current replacement cost. (Cost to replace new, with materials of like quality and kind, NOT MARKET VALUE).

Name of applicant:	_____
Location street address:	_____
City, State, Zip Code:	_____
County:	_____

➤ **Please complete this section for each building/location**

1. Proposed effective date of coverage _____
2. Present insurance carrier, expiration date & premium _____
3. Has coverage been canceled or non-renewed within the past three years? **(MISSOURI APPLICANTS NEED NOT RESPOND)** Reason: _____

4. Describe all property losses within the past five years including the date, the amount, type of loss, whether paid or not. Indicate additional safeguard and/or improvements to prevent similar losses. Please confirm if no losses. Use additional paper if necessary. _____
5. If located in a coastal state, how many miles to the nearest body of water? _____

6. **PREMISES INFORMATION:**

Construction: Wood/Frame Joisted Masonry Masonry Non-Combustible
 Metal Fire Resistive

Approximate year building built: _____

Date of last upgrades: Roof: _____ Electrical: _____ Plumbing: _____

Number of floors: _____ Square feet per floor: _____

Total Building Area (Sq. Ft.): _____ Total area you occupy: _____

Number of fire hydrants within 300 ft.: _____ 1000 ft.: _____

If none describe the water source in the area: _____

Distance to Fire Department: _____ Paid Volunteer

Is the building free standing? Yes No are you the Owner or Tenant?

Are there any other tenants in building? Yes No. If yes, please identify tenants(s) and operations(s): _____

Neighboring occupancies and distance: Left: _____

Right: _____ Rear: _____

Are there crash bars in front of doors and windows? Yes No

Are there roll down metal shutters in front of doors and windows? Yes No

Is the building equipped with a sprinkler system? Yes No Full Partial

If partial, what area is covered? _____

Is there a sprinkler maintenance contract? Yes No Date of last sprinkler test: _____

Note: The sprinkler test must be completed annually.

7. Describe the alarm system:

Make & Model: _____

Is the alarm: Burglary Fire Smoke/Heat Other: _____

Central Station Police Dept. Connection Local

Battery back-up? Yes No Cell phone back-up? Yes No

UL Certified? Yes No. If yes, attach a copy of certificate.

Installed & serviced by? _____

Have the fire extinguishers been inspected and tagged within the last year? Yes No

Is there a watchman on premises? Yes No

8. Name and address of Mortgagee: _____

Name and address of Loss Payee: _____

9. Amount of coverage requested. (Full 100% Replacement Cost).

Building: \$ _____

Business Personal Property consists of:

For Each Category Describe
Storage and How Secured

	<u>Values</u>	
Long Guns	\$ _____	_____
Hand guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery/Equipment	\$ _____	_____
Furniture/Fixtures	\$ _____	_____
TOTAL Limit of BPP	\$ _____	

Are all handguns locked in a safe during closing hours? Yes No

If no, describe additional safeguards taken against smash & grab (use a separate piece of paper).

NOTE: This application is for informational purposes only. The exact coverage provided is subject to the terms, conditions and exclusions of the policies as issued.

Print Name of Applicant: _____

Print Name of Agent/Broker: _____

Title: _____

Signature of Agent/Broker: _____

Signature of Applicant: _____

Date: _____

Date: _____