

Shooting Range Application

This is an application for insurance. This is not a binder of insurance.

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured: _____ FEIN: _____
Principal Contact: _____
Mailing Address: _____
Location Address (Important): _____
Telephone: _____ Fax: _____ Effective Date: _____ Website: _____
Business Type: Corporation Partnership Individual LLC Other: _____
Limit of Liability requested: \$300,000 Occurrence \$500,000 Occurrence \$1,000,000 Occurrence

1. Do you operate any other business from this location? *List information below for each business and use a separate sheet to list information, if necessary.* Yes No

If yes, type of entity: Corporation Partnership Individual LLC Other: _____
Description of business: _____

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

ADDITIONAL INSUREDS *If necessary use another form.*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

Agency: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

PROPERTY SECTION – LOCATION INFORMATION **N/A**

1. Is the building owned or leased? Yes No
2. Please review building security measures listed below.
 - a. Fire Alarm Yes No
 - Central Local
 - b. Burglar Alarm Yes No
 - Central Local
 - Is the alarm UL listed or approved?
 - c. Smoke Detectors Yes No
 - Battery Hardwired
 - d. Doors Are:
 - Metal Glass Frame
3. Do windows and glass doors have metal bars? Yes No
4. Do you have a gun safe? If yes, describe the manufacturer, type, class (listed on the label on safe door): Yes No
5. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)
6. If your building is more than ten (10) years old, what year was the last time wiring, plumbing and heating / AC were updated and / or serviced?
7. Does the building have other occupancies? Yes No
If yes, please describe:
8. Are there any additional locations to be covered? Yes No
If yes, please provide complete address and describe:
9. Are all activities and locations to be covered in full compliance with applicable federal, state and local regulations? Yes No
10. Is the building within city limits? Yes No
11. Is the building 100% sprinklered? Yes No
12. What is the distance to the nearest fire hydrant?

RETAIL OPERATIONS **N/A**

1. Estimated gross revenue for the next 12 months: \$
 - a. Revenues from firearm ranges? \$
 - b. Revenues from archery ranges? \$
 - c. Revenues from sale of firearms? \$
 - d. Revenue from sale of ammunition or sporting goods? \$
 - e. Other revenue, describe: \$
2. Do you provide gunsmithing services? Yes No
If yes, provide number of gunsmiths:
If yes, provide total payroll for gunsmithing:
If yes, please describe:

- 3. 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.
- 4. Are all of your firearm products purchased from U.S. manufacturers or distributors? Yes No
 If no, _____ % are directly imported by your foreign company.
 _____ % are purchased from foreign wholesaler/distributor.
 If no, and you are a direct importer, are you named on a foreign manufacturer's insurance policy for vendors liability coverage? Yes No
 If yes, please provide a copy of the endorsement.
- 5. If you are a wholesaler or distributor, are you named on a U.S. or foreign manufacturer's or importer's insurance policy for vendor's liability coverage? Yes No
- 6. What is the total value of retail inventory? \$
- 7. What is the total value of firearms inventory? \$
- 8. Provide the average number of guns in your inventory for the types listed below:

New		Used or Consignment	
Total		Total	
Rifles		Rifles	
Shotguns		Shotguns	
Muzzle Loaders		Muzzle Loaders	
Handguns		Handguns	

- 9. Do you carry black powder? Yes No
 If yes, what amount, estimated in pounds, of black powder is in inventory? lbs.
 If yes, is storage I handling in compliance with applicable federal, state and local regulations? Yes No
- 10. Do you sell or provide hand loaded ammunition? Yes No
- 11. Do you sell by mail orders? Yes No
 If yes, describe all products sold or provide us with your catalog.
- 12. Do you sell over the internet? Yes No
 If yes, describe all products sold or provide us with your internet address:

RANGE OPERATIONS	N/A
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- 1. Archery Range? Yes No
- 2. Firearms Range? Yes No
- 3. Is the range in compliance with any recognized standards? Yes No
 (i.e. NRA, NFAA, IBO, NSSF, etc.) List:
- 4. Does the range have any age restrictions? Yes No
 If yes, please describe:
 - a. Indoor Range Yes No
 - b. Number of Lanes
 - c. Outdoor Range Yes No
 - d. Number of Lanes / Stations
 - e. Maximum Distance Shot

Clients / Shooters

- 1. Is club membership required? Yes No
- 2. Is a questionnaire used to obtain information on the shooter’s name, age, health, or shooting experience?
If yes, attach a copy. Yes No
- 3. Are shooters required to sign liability waivers? If yes, attach a copy. Yes No
- 4. Are shooters-owned firearms inspected at check in?
If yes, by whom? Yes No
- 5. Are eye and ear protection mandatory? Yes No

Range Supervision

- 1. Is a supervisor on duty at all times? Yes No
- 2. Number of range supervisors:
- 3. Number of range supervisors with NRA Instructor equivalent certification:
Type of certification:
- 4. Do you have written rules prominently displayed? Yes No
- 5. Do you provide lessons?
If yes, provide qualifications of instructors: Yes No
- 6. Do you provide rental or loaner firearms? Yes No

MANAGEMENT

- 1. Years in business: Years
- 2. Years at location: Years
- 3. Are there written safety policies, procedures or rules for staff l employees and l or shooters? Yes No
- 4. Does range have a public address system that all shooters can hear? Yes No
- 5. Are First Aid Kits located on each range? Yes No
- 6. Number of employees with Medic First Aid Certification?
- 7. Will any tournaments or “Spectator Special Events” be held this year?
If yes, please describe: Yes No

LOSS HISTORY

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

- 1. Do you have knowledge of any incident which may lead to a claim?
If yes, please describe: Yes No

Fraud Notice

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ., CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ., DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN 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 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY COMPANY* IN QUOTING AND ISSUING THE POLICY. IF ANY OF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY MODIFY OR WITHDRAW THE QUOTE OR BINDER.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

Name: _____ Title: _____
Must be signed by the president, chairman, CEO or executive officer.

Insured Signature: _____ Date: _____

Produced By: *Section to be completed by producer/broker.*

Producer: _____ Agency: _____

Producer License Number: _____ Agency Taxpayer ID or SS Number: _____

Street Address, City, State, Zip: _____