

## SHOOTING RANGE APPLICATION (RIFLE, PISTOL OR ARCHERY RANGES)

### 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 not available, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Named Insured:  
 Principal Contact:  
 Mailing Street Address:  
 Mailing City: State: Zip:  
 Location Street Address:  
 Location City: County: State: Zip:  
 Phone Number: Fax Number:  
 Website: www.  
 Risk Management Contact: Risk Management's Phone:  
 Risk Management Email:  
 Business Form: Corporation Partnership Individual LLC Other:  
 Effective Date:  
 Limit of Liability requested: \$ 300,000 Occurrence  
 \$ 500,000 Occurrence  
 \$ 1,000,000 Occurrence

1. Do you operate any other business from this location? Yes No  
 (List information below for each business, use a separate sheet to list information if necessary)  
 If yes, type of entity:  
 Corporation Partnership Individual LLC Other:

2. Description and name of other business:

3. Do you have separate insurance for this business? Yes No

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

### ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENTS

AGENCY:  
 CONTACT:  
 ADDRESS:  
 TELEPHONE: FAX:  
 E-MAIL:

**THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.**

<b>PROPERTY SECTION</b>	<b>N/A</b>
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**Location Information**

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

<b>RETAIL OPERATIONS</b>	<b>N/A</b>
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- |   |  |     |    |
|---|--|-----|----|
| 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 / 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:

<b>RANGE OPERATIONS</b>	<b>N/A</b>
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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? Yes No  
If yes, by whom:
- 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? Yes No  
If yes, provide qualifications of instructors:
- 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 / employees and / 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? Yes No  
If yes, please describe:

**LOSS HISTORY**

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

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

**WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |    |   |      |    |     |
|----|---|------|----|-----|
| 1. | Fire Protection and Testing   |      |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
|    | i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
|    | ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
|    | iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
|    | 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
|    | iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
|    | v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. | Emergency Water Response (domestic and AS water lines)  |      |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. | Automatic Water Shutoff Devices   |      |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. | Unused/Vacant Spaces  |      |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. | Unheated Areas (attics, crawl spaces, exterior wall joists)   |      |    |     |
|    | a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
|    | i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. | General Comments:   |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

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.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

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, PA, 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:** AN ACT COMMITTED BY 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.

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**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.

**APPLICABLE IN 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.

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NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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