

## RETAIL ARCHERY AND RANGE APPLICATION

### 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:  
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 Type: 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:  
Description of business:

2. 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 INSUREDS, if necessary use another sheet of paper

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

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

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

PROPERTY SECTION	N/A
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**Location Information**

- |     |   |     |    |
|-----|---|-----|----|
| F.  | Please review building security measures listed below:  |     |    |
|     | Fire Alarm:   | Yes | No |
|     | Central                  Local  |     |    |
|     | Burglar Alarm:  | Yes | No |
|     | Is the alarm UL listed or approved?   | Yes | No |
|     | Central                  Local  |     |    |
|     | Smoke Detectors:  | Yes | No |
|     | Battery                  Hardwired  |     |    |
| G   | Doors are:                  Metal                  Glass                  Frame   |     |    |
| H   | Do windows and glass doors have metal bars?   | Yes | No |
| I.  | Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)                   |     |    |
| Í.  | 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? |     |    |
| Ï.  | Does the building have other occupancies?<br>If yes, describe:  | Yes | No |
| Ï.  | Are there any additional locations to be covered?<br>If yes, please provide complete address and describe:                                      | Yes | No |
| Ï.  | Are all activities and locations to be covered in full compliances with applicable federal, state and local regulations?                        | Yes | No |
| 1J. | Is the building within city limits?   | Yes | No |
| 1K. | Is the building 100% sprinklered?   | Yes | No |
| 1L. | What is the distance to the nearest fire hydrant?   |     |    |

RETAIL OPERATIONS	N/A
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- |    |  |     |    |
|----|--|-----|----|
| 1. | Estimated gross revenue for the next twelve (12) months:   |     |    |
|    | Revenues from axe throwing ranges:   | \$  |    |
|    | Revenues from archery ranges:  | \$  |    |
|    | Revenues from sale of sporting goods:  | \$  |    |
|    | Other revenue, describe:   | \$  |    |
| 2. | Are all of your products purchased from U.S. manufacturers or distributors?<br>If no,                  % are directly imported by your from foreign company.<br>% are purchased from foreign wholesaler/distributor.<br>If no, and you are a direct importer, are you named on a foreign manufacturer's insurance policy for vendors liability coverage?<br>If yes, please <b>provide a copy</b> of the endorsement. | Yes | No |
| 3. | If you are a wholesaler or distributor, are you named on a U.S or foreign manufacturer's or importer's insurance policy for vendors liability coverage?  | Yes | No |
| 4. | What is the total value of retail inventory?   | \$  |    |

5. Provide the average number of products in your inventory for the types listed below:

New		Used or Consignment	
Total	#	Total	#
Crossbows	#	Crossbows	#
Compound Bows	#	Compound bows	#
Bows	#	Bows	#
Parts/ Accessories	#	Parts/ Accessories	#
Sporting Goods	#	Sporting Goods	#

6. Do you sell by mail order? Yes No  
 If yes, describe all products sold or provide us with your catalog:

7. 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. <input type="checkbox"/> Archery <input type="checkbox"/> Axe <input type="checkbox"/> Firearm |     |    |
| 2. Is the range in compliance with any recognized standards? (i.e. ATA.)                          | Yes | No |
| 3. Does the range have any age restrictions?<br>If yes, please describe:                          | Yes | No |

Indoor Range? Yes No

Number of Lanes:

Outdoor Range Yes No

Number of Lanes / Stations:

Maximum Distance Shot:

4. Axe Throwing? Yes No

- |  |     |    |
|--|-----|----|
| a. Is a supervisor on duty at all times?           | Yes | No |
| b. Are supervisors first aid certified?            | Yes | No |
| c. Are waivers mandatory? (Please provide a copy)  | Yes | No |
| d. What are the age restrictions for axe throwers? |     |    |

**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? <b>If yes, attach a copy.</b> | Yes | No |
| 3. Are shooters required to sign liability waivers? <b>If yes, attach a copy.</b>  | Yes | No |
| 4. Are shooter-owned bows inspected at check in?<br>If yes, by whom:   | Yes | No |
| 5. Are eye and ear protection mandatory?   | Yes | No |
| 6. How often are strings changed / checked on rental bows?   |     |    |

**Range Supervision**

- |   |     |    |
|---|-----|----|
| 1. Is a supervisor on duty at all times?            | Yes | No |
| 2. Number of range supervisors:                     |     |    |
| 3. Type of certification of range supervisors:      |     |    |
| 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		
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- |   |       |     |    |
|---|-------|-----|----|
| 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?<br>If yes, please describe: |       | Yes | No |

LOSS HISTORY		
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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:

**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 FOREMENTIONED 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**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.

**APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)