

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



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.

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 INSURED, 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

- | | | |
|--|-----|----|
| 1. Is the building Owned or Leased? | | |
| 2. 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 | | |
| 3. Doors are: Metal Glass Frame | | |
| 4. Do windows and glass doors have metal bars? | Yes | No |
| 5. Do you have a gun safe? | Yes | No |
| If yes, describe the manufacturer, type, class: (listed on the label on safe door) | | |
| 6. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.) | | |
| 7. 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? | | |
| 8. Does the building have other occupancies? | Yes | No |
| If yes, describe: | | |
| 9. Are there any additional locations to be covered? | Yes | No |
| If yes, please provide complete address and describe: | | |
| 10. Are all activities and locations to be covered in full compliances with applicable federal, state and local regulations? | Yes | No |
| 11. Is the building within city limits? | Yes | No |
| 12. Is the building 100% sprinklered? | Yes | No |
| 13. 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 firearm ranges: | \$ | |
| Revenues from archery ranges: | \$ | |
| Revenues from sale of firearms: | \$ | |
| Revenues from sale of ammunition or sporting goods: | \$ | |
| Other revenue, describe: | \$ | |
| 2. Do you provide gunsmithing services? | | Yes No |
| 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 from 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 vendors 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 order? 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
1. Archery Range?	Yes	No
2. Firearms Range?	Yes	No
3. Is the range in compliance with any recognized standards? (i.e. NRA, NFAA, IBO, NSSF, etc.) List:	Yes	No
4. Does the range have any age restrictions? If yes, please describe:	Yes	No
Indoor Range	Yes	No
Number of Lanes:		
Outdoor Range	Yes	No
Number of Lanes / Stations:		
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 shooter-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:

- 5. 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:

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:

Agent Signature: _____ Date:

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