

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



RETAIL GUN STORE & GUNSMITHING 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 three (3) prior years, if unavailable, provide a no loss letter signed by the insured
- Copy of your current Federal Firearms License (FFL)
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

City:

State:

Zip:

Location Street Address:

City:

County:

State:

Zip:

Phone Number:

Fax Number:

Website: www.

Business Form: Corporation Partnership Individual LLC Other:

Effective Date:

Limit of Liability offered: \$1,000,000 Occurrence

1. Do you operate any other businesses 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 and name of other business:

Do you have separate insurance for this business? 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. What is the distance to nearest EMS? Miles

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Page 1 of 8

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8. Will any tournaments or "Spectator Special Events be held this year? Yes No
 If yes, please describe:

RETAIL OPERATIONS	N/A
--------------------------	------------

- | | | |
|---|-----|----|
| 1. Estimated gross revenue for the next twelve (12) months: | \$ | |
| Wholesale or Distributor of: | | |
| Firearms | \$ | |
| Ammunition | \$ | |
| All other products (please describe) | \$ | |
| | | |
| Outdoor firearms ranges | \$ | |
| Indoor firearms ranges | \$ | |
| Outdoor archery ranges | \$ | |
| Indoor archery ranges | \$ | |
| Skeet, trap and sporting clays | \$ | |
| Gunsmithing: (if yes, please provide the following) | Yes | No |
| Number of gunsmiths: | | |
| Total payroll for gunsmithing: \$ | | |
| Describe services offered: | | |
| | | |
| Do you use the services of an independent gunsmith? | Yes | No |
| If yes, does the gunsmith have liability insurance? If yes, please attach a certificate of insurance with this application | Yes | No |
| Ammunition with your label not manufactured by you: | \$ | |
| Manufacturing of reloaded ammunition: | \$ | |
| Bullet manufacturing: | \$ | |
| Sales of sporting goods | \$ | |
| Mail order, sales: (if yes, please provide a copy of your catalog or describe items sold): | \$ | |
| | | |
| Internet sales (If yes, please provide your website or describe products sold) | \$ | |
| | | |
| Sale of items at gun shows | \$ | |
| Firearms instruction | \$ | |
| Hunting preserve | \$ | |
| Other, please describe: | \$ | |
| | | |
| 3. Are all of your firearm products purchased from U.S. manufacturers or distributors? | Yes | No |
| If no, % are directly imported by you 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. | | |

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

If yes, please provide a copy of the endorsement.

4. What is the total value of retail inventory: \$

5. What is the total value of firearms inventory: \$

6. Provide the average number of guns in your inventory for the types listed below:

New	Number of Items	Used or Consignment	Number of Items
Total		Total	
Rifles		Rifles	
Shotguns		Shotguns	
Muzzle Loaders		Muzzle Loaders	
Handguns		Handguns	

7. Do you carry black powder? Yes No
 If yes, what amount, estimated in pounds, of black powder is in display: lbs.

If yes, is storage/handling in compliance with applicable federal, state and local regulations? Yes No

Describe how you store your stock of black powder that is not displayed (including types of magazines and/or containers): **Note: Safes are not acceptable.**

8. How much smokeless powder do you display: lbs.
 How do you store the remainder of the smokeless powder that is not displayed:

9. Has your local fire department approved your storage of black and/or smokeless powder? **(Attach written approval, if available)** Yes No

10. Do you sell or provide hand loaded ammunition? Yes No

11. Do you sell FULLY automatic weapons? Yes No

12. Have you and your employees read and understand Form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder? (If no, it is **imperative** that you and your employees do so.) Yes No

13. Have employees been trained in the detection of Straw Sales? **(Don't Lie for the Other Guy)** Yes No

14. Do you conduct background checks on all new employees? Yes No

15. Do you have pawn operations? Yes No

16. Do you participate in ammunition manufacturing, importing or reloading operations? Yes No

17. Do you attend gun shows? Yes No

GUNSMITH OPERATIONS

1. Do you use the services of any gunsmiths who are not your employees? Yes No
If yes, please attach a certificate of insurance for each gunsmith used.

2. Complete the following for each employed gunsmith, including you:

Name	Years Experience	Special Training

3. List the specific services that you perform:
(Attach copy of your service price list, showing the specific services you provide.)

4. Do you alter firearms from the original factory specification? Yes No
 If yes, please describe alterations:

5. Do you build or assemble firearms? Yes No
 If yes, please complete the following:

Number of units assembled per year:
 Number of actions/receivers supplied by the customer:
 Number of actions/receivers supplied by you:
 Do you manufacture the receiver? Yes No
 If no, indicate the actual manufacturer of the receiver:
 Do you pay any Federal Excise Tax? Yes No
 Do you put a serial number on the firearms? Yes No
 Are the actions/receivers utilized new or used: New Used Both
 Does your name appear anywhere on the firearm? If yes, please describe: Yes No

Are the actions/receivers thoroughly checked prior to assembly? Yes No
 Do you test the firearms after assembly? Yes No
 Do you provide an owner's manual, handling, or safety instructions? Yes No

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. AAC, NFAA, etc.) Yes No
- 4. Does the range have any age restrictions?
 If yes, please describe: Yes No
- 5. Does the range have any league or competitive shooting? Yes No

If yes, please describe:

- | | | |
|---|-----|----|
| 6. Indoor Range?
Number of Lanes: | Yes | No |
| 7. Outdoor Range?
Number of Lanes/Stations: | Yes | No |
| 8. Field Range?
Dimensions of Total Range:
Maximum Distance Shot: | Yes | No |

Clients / Shooters

- | | | |
|---|-----|----|
| 9. Is club membership required? | Yes | No |
| 10. Is a questionnaire used to obtain information on the shooter's name, age, health, or shooting experience? If yes, attach a copy. | Yes | No |
| 11. Are shooters required to sign liability waivers? If yes, attach a copy. | Yes | No |
| 12. Are shooter-owned firearms inspected at check in?
If yes, by whom: | Yes | No |
| 13. Are eye and ear protection mandatory? | Yes | No |

Range Supervision

- | | | |
|--|-------------------|----------------|
| 14. Is a supervisor on duty at all times? | Yes | No |
| 15. Number of range supervisors: | | |
| 16. Number of range supervisors with current NRA Instructor certification: | | |
| 17. Number of range supervisors with NRA Instructor equivalent certificate:
Type of certification: | | |
| 18. Is the range visible from the retail section? | Yes | No |
| 19. Do you have written rules?
Are these rules prominently displayed?
Are these rules discussed with shooters before they shoot? | Yes
Yes
Yes | No
No
No |
| 20. Do you provide lessons? If yes, provide qualifications of instructors: | Yes | No |
| 21. Do you provide rental or loaner bows? | 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? Yes No
 If yes, please describe:

PRIOR CARRIER INFORMATION			
	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSUREDS, <i>if necessary use another sheet of paper</i>		
Name	Complete Address	Interest

FRAUD NOTICE STATEMENTS

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."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

RESIDENTS OF 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."

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RESIDENTS OF 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."

RESIDENTS OF 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."

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

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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

RESIDENTS OF WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title

(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR CEO)

Signature

Date

Produced By: (Section to be completed by Producer/Broker)

Producer

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Page 8 of 8

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