

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



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.

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.

Gillingham & Associates A Member of Philadelphia Insurance Companies

8501 Turnpike Drive, Suite 200 Westminster, CO 80031

Toll Free: 800-849-9288 In Colorado: 303-428-5400 Fax: 303-428-5900

www.outdoorinsurance.com www.phly.com

PROPERTY SECTION	N/A
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Location Information

- | | |
|---|--|
| <p>1. Is the building owned or leased?</p> <p>2. Please review building security measures listed below.</p> <p style="padding-left: 20px;">Fire Alarm: Yes No</p> <p style="padding-left: 40px;">Central Local</p> <p style="padding-left: 20px;">Burglar Alarm: Yes No</p> <p style="padding-left: 40px;">Central Local</p> <p style="padding-left: 40px;">Is the alarm UL listed or approved? Yes No</p> <p style="padding-left: 20px;">Smoke Detectors: Yes No</p> <p style="padding-left: 40px;">Battery Hardwired</p> <p style="padding-left: 20px;">Doors are: Metal Glass Frame</p> <p>3. Do windows and glass doors have metal bars? Yes No</p> <p>4. Do you have a gun safe? Yes No</p> <p style="padding-left: 20px;">If yes, describe the manufacturer, type, class (listed on the label on safe door):</p> <p>5. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)</p> <p>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?</p> <p>7. Does the building have other occupancies? If yes, please describe: Yes No</p> <p>8. Do you have power generating equipment? Yes No</p> <p style="padding-left: 20px;">If yes, is it 100% for emergency use only? Yes No List the size of each:(HP and KW)</p> <p>9. Are there any additional locations to be covered? Yes No</p> <p style="padding-left: 20px;">If yes, please provide complete address and describe:</p> <p>10. Are all activities and locations to be covered in full compliance with applicable federal, state and local regulations? Yes No</p> <p>11. Is the building within city limits? Yes No</p> <p>12. Is the building 100% sprinklered? Yes No</p> <p>13. What is the distance to the nearest fire hydrant:</p> | |
|---|--|

RETAIL OPERATIONS	N/A
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- | | |
|---|--|
| <p>1. Estimated gross revenue for the next 12 months: \$</p> <p style="padding-left: 20px;">a) Revenues from firearm ranges? \$</p> <p style="padding-left: 20px;">b) Revenues from archery ranges? \$</p> <p style="padding-left: 20px;">c) Revenues from sale of firearms? \$</p> <p style="padding-left: 20px;">d) Revenue from sale of ammunition or sporting goods? \$</p> <p style="padding-left: 20px;">e) Other revenue, describe: \$</p> <p>2. Do you provide gunsmithing services? Yes No</p> <p style="padding-left: 20px;">If yes, provide number of gunsmiths:</p> <p style="padding-left: 20px;">If yes, provide total payroll for gunsmithing: \$</p> <p style="padding-left: 20px;">If yes, please describe:</p> | |
|---|--|

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:

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? (i.e. NRA, NFAA, IBO, NSSF, etc.) List: | Yes | No |
| 4. Does the range have any age restrictions? If yes, please describe: | Yes | No |
| 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? 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?
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 STATEMENTS

NOTICE TO ALASKA RESIDENTS 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."

NOTICE TO ARKANSAS RESIDENT 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."

NOTICE TO ARIZONA RESIDENTS 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."

NOTICE TO COLORADO RESIDENTS 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."

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 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."

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 "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."

NOTICE TO LOUISIANA RESIDENTS 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."

NOTICE TO MAINE RESIDENTS 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."

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 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."

Insured Signature

Date

Title

Name of Authorized Producer or Broker

Date

Signature

Title