

GUN SHOPS / RANGES SUPPLEMENTAL

(Attach to an ACORD application)

General Information:

1. Named Applicant: _____
2. Location Address **(Supplement must be completed for each insured location)**
Street Address: _____
City: _____ State: _____ Zip: _____
3. Business Type:
Corp _____ Partnership _____ Individual _____ LLC _____ Other _____
4. Applicant's Website: _____
5. Applicant's contact email address: _____
6. Federal firearm license information
How long has the applicant been a licensed firearm dealer: _____
What type of firearm license does the applicant hold: _____
Has the applicant ever been cited under their firearm's license: Yes _____ No _____

Operations:

7. Describe complete operations of Insured: _____

8. Hours of Operations:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

9. Provide the gross sales from all operations of applicant's store or shop: _____
10. Indicate "N/A" if the following does not apply to the applicant:
New Gun Sales _____ Used Gun Sales _____ Consignment Sales _____ Archery Equipment _____
Factory Ammo _____ Reloaded Ammo _____ Gunsmith/repair _____ Bowsmith/repair _____
Range _____ Rental Equipment _____ Other Sporting Goods _____ Off Premises Gun Sales _____
(provide details of type of rental equipment or if applicant participates in gun shows)
11. Does the insured provide gunsmithing services: Yes _____ No _____
If yes, # of gunsmiths: _____
If yes to gunsmiths, please describe activities: _____

12. Does the insured engage in reloading of ammunition: Yes _____ No _____
If yes, who is responsible for doing the reloading: _____

If yes, please describe: _____

13. Describe the storage and handling of ammunition including black powder: _____

14. Describe the type of protection devices the applicant utilizes to protect the premises from burglary or theft (i.e. barred windows, barred doors, burglary alarms, motion detectors, etc.): _____

15. Has the applicant suffered any theft or burglary of firearms: Yes _____ No _____

If yes, please provide full details of this claim and what preventative measures have been implemented to eliminate the potential of another theft/burglary: _____

16. Have there been any incidents in which police or law enforcement were involved within the last 5 years: _____

If yes, please describe in detail: _____

17. Are employees permitted to carry firearms while working: Yes _____ No _____

18. Are employees required to carry firearms while working: Yes _____ No _____

19. Are any automatic weapons or military grade weapons sold: Yes _____ No _____

If yes, please describe: _____

20: Is there a range on premises: Yes _____ No _____

(if yes, complete the next section)

Range Operations

20. Type of range: Pistol _____ Rifle _____ Archery _____ Test Range Only _____ Other _____

21. Is club membership required: Yes _____ No _____

If yes, please attach a copy of the membership contract.

22. Indoor range: Yes _____ No _____

If yes, # of lanes: _____

23. Outdoor range: Yes _____ No _____

If yes, # of lanes/stations: _____

24. Are all range controllers certified: Yes _____ No _____

25. Are there trap, skeet, and sport clay stations: Yes _____ No _____

If yes, # of stations: _____

26. Maximum distance allowed/shot: _____

27. Are all shooters required to sign liability waivers: Yes _____ No _____

If yes, please attach a copy of the liability waiver.

28. Are eye and ear protection mandatory: Yes _____ No _____
29. Is a supervisor on duty at all times: Yes _____ No _____
30. Total number of range supervisors: _____
31. Number of range supervisors with NRA Instruction Certificate: _____
32. Are written rules of the range openly displayed: Yes _____ No _____
33. Does the insured provide shooting lessons: Yes _____ No _____
34. Is the range in compliance with any recognized standards (i.e. NRA, NFAA, IBO, NSSF, etc.): Yes _____ No _____
- If yes, please describe: _____
- _____

Safety:

36. Does the insured have a written safety program: Yes _____ No _____
- If yes, please provide a copy.
37. Is there a formal firearm training and safety program: Yes _____ No _____
- If yes, please describe: _____
- _____

Producer Information:

38. If this is currently controlled business by the producer, how long: _____
39. Does this producer currently control any other lines of insurance for this insured: Yes _____ No _____
- If yes, please describe: _____
40. How did the producer learn about this program: _____

I HEREBY REPRESENT AND WARRANT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY, OR POLICIES, FOR WHICH I AM MAKING APPLICATION. I UNDERSTAND THAT IF THE COMPANY ISSUES A POLICY OF INSURANCE THAT THIS APPLICATION WILL FORM A PART OF THE POLICY, OR POLICIES, FOR WHICH I AM MAKING APPLICATION

Signature of Applicant **Title** **Date**