

## 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 (Mandatory) : \_\_\_\_\_
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**