



### SHOOTING RANGES GENERAL LIABILITY APPLICATION SUPPLEMENTAL

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. For inspection purposes: Contact Name: Phone Number:

5. Website Address:

6. Policy Period Desired: From: To:

7. Years in Business: Years Experience:

8. Type of Entity: Individual Partnership Corporation Joint Venture LLC Other (specify):

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**  See Loss Runs Attached

Missouri Applicants: DO NOT answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No  Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

**BUSINESS INFORMATION**

9. Do you perform gunsmithing? Yes No  
10. Do you sell or repair products? Yes No  
11. Do you allow alcohol consumption on the range? Yes No  
If yes, explain:

12. Describe the area:

# of Lanes	Distance Between Lanes	Distance From Lane to Property Line	Length of Lanes	Material and Thickness of Targets

13. Do you have written safety procedures?  N/A Yes No  
14. Do you sponsor any events, shooting or otherwise? Yes No  
If yes, provide a detailed description including number of days, attendance, etc.

15. Provide details regarding the experience of your Supervisory Personnel:

- |   |  |
|---|--|
| 16. Total Estimated Sales: \$   | Estimated Shell Reloading Sales: \$          |
| 17. Trap Shooting Limits: <input type="checkbox"/> \$100,000/\$200,000  | <input type="checkbox"/> \$300,000/\$600,000 |
| 18. Do you have any other business ventures for which coverage is not requested? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, explain and advise where insured:   |  |

**FRAUD STATEMENTS**

**FLORIDA:** 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.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address