

APPLICATION FOR GENERAL LIABILITY INSURANCE

(IF A POLICY IS ISSUED IT WILL BE ON AN OCCURRENCE BASIS)
(DEFENSE COSTS ARE NOT WITHIN THE LIMITS OF LIABILITY)

General Information:

1. Business name: _____
2. Street address: _____
City, State, Zip: _____
3. Individual to contact: _____ Web-Site: _____
4. Telephone # (____) _____ Fax # (____) _____ E-mail: _____
5. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____
6. Federal Employers ID #: _____ or Social Security #: _____
7. Years in business _____ If new venture, attach a narrative describing your business & firearms experience.
8. Location of premises to be insured. Complete the following information for each location. (Use a separate sheet of paper if necessary): _____
_____ County: _____
 - a) Is it a ☐ commercial building or ☐ dwelling? If it is a dwelling, is it a detached building? ☐ Yes ☐ No.
 - b) Please provide evidence of homeowners insurance if the business is located on the same property as your home.
 - c) Are you the: ☐ Owner ☐ Tenant ☐ Lease part of the Building?
Total square footage you occupy: _____
If you are not the sole occupant of the premises please describe other occupants: _____

 - d) If you are required to add your landlord as an additional insured, please provide name and address. _____

9. Proposed effective date of coverage: _____
10. How did you hear about this insurance program: _____

11. Indicate the organizations you are a member of:
☐ NSSF ☐ NAFR ☐ NRA ☐ NASR ☐ OTHER _____

Business Information:

Check ALL operations, which describe your business:

- ☐ Wholesale/Distributor ☐ Retail Sales ☐ Gunsmithing ☐ Range ☐ Shooting or Hunting Club
- ☐ Ammunition manufacturing (including Reloading)
- ☐ Manufacturer of any product. **Submit** detailed narrative about the product(s) with literature, brochures, price lists, etc.
- ☐ Other _____

Rating Information:

1. What were your Gross Sales/Receipts for the past 12 months? \$ _____
2. What are your projected Gross Sales/Receipts this policy year? _____
3. What is your projected payroll this policy year? \$ _____
4. 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.
5. Please provide estimated sales for each classification, rounding off to the nearest thousand dollars. If you have no sales for a particular classification, indicate that by writing "NONE" for that classification.

The following items can be deducted from gross sales:

- Sales or excise taxes which are collected and submitted to a governmental division.
- Freight charges, if charged as a separate item on customer invoices.

Classification	Estimated Sales/Receipts
A. Wholesale or Distributor	
1. Firearms, Ammunition & Associated Products*	\$ _____
2. All Other Products (Describe on Page 5)	\$ _____
B. Retail Sales	
1. Firearms, Ammunition & Associated Products*	\$ _____
2. All Other Products (Describe on Page 5)	\$ _____
C. Gunsmithing, (including assembly of firearms)	\$ _____
D. Manufacturing of Reloaded Ammunition	\$ _____
E. Manufacturing of New Ammunition (including imported ammo)	\$ _____
F. Bullet Manufacturing	\$ _____
G. Firearms Instruction	\$ _____
H. Ranges/Club (Indoor)	\$ _____
Ranges/Club (Outdoor)	\$ _____
I. Skeet, Trap & Sporting Clays	\$ _____
J. Archery Range (Indoor)	\$ _____
Archery Range (Outdoor)	\$ _____
K. Custom Stocker***	\$ _____
L. Custom Barrel Maker***	\$ _____
M. Accessory Manufacturing***	\$ _____
N. Gun Part Manufacturing***	\$ _____
O. Firearms Manufacturing***	\$ _____
TOTAL ESTIMATED SALES/RECEIPTS	
NOTE: Total Sales/Receipt should equal your projected Gross Sales/Receipts.	\$ _____

*****NOTE:** Submit a detailed narrative of products together with literature and brochures, sample of packaging, indicating instructions and warnings along with a price list.

Products (Please Provide Brochures):

1. Indicate suppliers of products you purchase for resale:

- ☐ U.S. manufacturer, distributor or wholesaler
☐ Direct purchase from a foreign manufacturer or distributor
☐ Trade-Ins or Trade Shows/Gun Shows
☐ Other _____

Have you ever directly imported firearms or ammunition from a foreign country? ☐ Yes ☐ No.

Have you ever directly imported any other products from a foreign country? ☐ Yes ☐ No. Please describe _____

2. If you are a direct importer, are you named on the foreign manufacturer's liability insurance policy as an Additional Insured? ☐ Yes ☐ No. If yes, provide a copy of the policy or a certificate of insurance including you as an Additional Insured and limits in US Dollars.

3. If you are a wholesaler or distributor, are you named as Additional Insured on the manufacturer or importer's Products Liability Insurance policy? ☐ Yes ☐ No. If yes, provide Certificate of Insurance.

Do you obtain updated Certificates of Insurance on an annual basis? ☐ Yes ☐ No

4. Do you sell by mail order? ☐ Yes ☐ No Do you sell over the internet? ☐ Yes ☐ No

If yes, describe all products sold or provide us with your catalogue, advertisement and your internet address: _____

Ammunition/Powder:

1. How much Black Powder do you display? _____ lbs.

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. _____

2. How much Smokeless Powder do you display? _____ lbs.

How do you store the remainder of Smokeless Powder that is not displayed? _____

Has your local Fire Department approved your storage of Black and/or Smokeless Powder? Yes ☐ No ☐

If no, why? _____

Attach written approval, if available.

NOTE: In accordance with the National Fire Protection Association rule 495, a commercial establishment should not display more than 1 lb. of black powder and/or 100 lbs. or smokeless powder. The balance of black powder must be stored in an approved magazine. Storage of smokeless powder should not exceed more than 100 lbs. indoors and up to 800 lbs. in an approved outdoor magazine.

Staff Training:

1. Number of employees including owners? _____
2. Do you conduct background checks on new employees? ☐ Yes ☐ No
3. Describe employee training and orientation: _____

4. 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? ☐ Yes ☐ No. If no, it is imperative that you and your employees do so.
5. Have you and your employees been trained in the detection of Straw Sales (Don't Lie for the Other Guy)? ☐ Yes ☐ No
6. List specific training seminars that you and your employees attend. _____

Prior Insurance:

1. State premiums and losses for the previous five years. Please provide 5 years of insurance carrier loss runs, if available.

	Premium	Losses	Insurance Company
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

Applicant has had no prior coverage. Check here ☐

2. Applicant is not aware of any losses in the past 5 years: Confirm ☐ _____signature
3. Provide details of all losses over \$5,000.00: _____

4. Has coverage been canceled or non-renewed within the past three years? **(MISSOURI APPLICANTS NEED NOT RESPOND)** Reason: _____

Licensing:

1. List ALL Federal Firearms Licenses which you hold: _____
2. Do you have a state or local license? _____
Please attach copies of ALL Firearms Licenses.
3. What was the date of your last ATF inspection? _____
4. If any violations were cited, how were they resolved? _____

All Other Products Checklist:

Please check those products below which are presently held for sale. Also, if certain products were sold in the past, but have since been discontinued, please indicate.

- ☐ Archery Equipment
- ☐ ATV or Other Recreational Vehicles
- ☐ Automobile Parts and Accessories
- ☐ Baseball, Hockey or Football Equipment
- ☐ Bicycles
- ☐ Boats, Wave Runners or Jet Skis
- ☐ Chainsaws
- ☐ Farm Machinery or Equipment
- ☐ Fuel Oils, Kerosene, Propane Gas (**Indicate if you refill tanks**)
- ☐ Gas Stoves (Portable Type), Kerosene or Electric Stove or Space Heater
- ☐ Gymnastics Equipment
- ☐ Ice or Inline Skates
- ☐ Liquor, Wine or Beer
- ☐ Martial Art Supplies
- ☐ Paint Ball Equipment
- ☐ Police Protective Equipment or Bullet Proof Vests
- ☐ Scuba or Skin Diving Equipment
- ☐ Skiing Equipment
- ☐ Tree Stands, Tree Steps or similar devices
- ☐ Weight Training and Exercise Equipment

NOTE: If you have sales of products other than those listed above; please describe:

Reminder:

1. Please submit copies of all Federal Firearms Licenses.
2. Submit Training Certificates for Gunsmiths, if available.
3. Submit pictures of EXTERIOR AND INTERIOR, which portray your entire facility.
4. Insurance Company loss runs for the past five (5) years, if available.

Gunsmith Supplement

Name of Applicant _____

1. Do you use the services of any gunsmiths who are not your employees? ☐ Yes ☐ No

Please attach certificates of insurance from each gunsmith not employed by you.

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

Name

Years Experience

Special Training

<u>Name</u>	<u>Years Experience</u>	<u>Special Training</u>

3. List the specific services that you perform? _____

Note: Attach a copy of your Service Price list, showing the specific services you provide.

4. Do you alter firearms from the original factory specifications? ☐ Yes ☐ No

If yes, describe _____

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

a) Number of units assembled per year? _____

b) Number of actions/receivers supplied by the customer? _____ By you? _____

c) Do you manufacture the receiver? ☐ Yes ☐ No. If no, indicate the actual manufacturer of the receiver? _____

d) Do you pay any Federal Excise Tax? ☐ Yes ☐ No

e) Do you put a serial number on the firearms? ☐ Yes ☐ No

f) Are the actions/receivers utilized new or used? ☐ New ☐ Used

g) Does your name appear anywhere on the firearm? ☐ Yes ☐ No

If yes, describe _____

h) Are you familiar with the history of the actions/receivers manufacturer? ☐ Yes ☐ No

i) Are the actions/receivers thoroughly checked prior to assembly? ☐ Yes ☐ No

j) Do you test fire the firearms after assembly? ☐ Yes ☐ No

k) Do you provide an owners manual, handling or safety instructions? ☐ Yes ☐ No

Ammunition Manufacturing, Importing and Reloading Supplement

Name of Applicant _____

1. What type of ammunition do you manufacture or reload?

2. Do others manufacture ammunition for you? ☐ Yes ☐ No

a) Do you obtain a certificate of insurance from the manufacturer? ☐ Yes ☐ No

b) Do you provide the packaging? ☐ Yes ☐ No

c) Does your name appear on the packaging? ☐ Yes ☐ No

3. Is all ammunition newly manufactured? ☐ Yes ☐ No

a) What are your total sales of reloaded ammunition? \$ _____

b) What are your total sales of new ammunition? \$ _____

4. Describe your testing procedure include details of equipment used and how records are kept. _____

5. Check the method used to identify each production run:

☐ Lot # ☐ Production Date ☐ Other Explain _____

Note: Attach a copy of your 06 or 08 Federal Firearms License.

Submit sample of packaging (flat box with the instructions and warnings or a photocopy).

6. What steps are taken if you receive a product complaint? _____

7. What corrective measures would be taken to prevent reoccurrence of product failure? _____

8. Describe storage of primers and powders including amount stored: _____

9. If you manufacture bullets, describe the placement of the furnace used to melt the lead and how the area is ventilated. _____

Range Supplement

Name of applicant: _____

If you own or operate a shooting range, you must complete this application. If necessary, use a separate sheet to answer all questions fully.

1. Location of range: _____
2. Type of range: ☐ Indoor ☐ Outdoor ☐ Pistol ☐ Rifle ☐ Air Gun
☐ Trap, Skeet or Sporting Clay ☐ Archery ☐ Simulation ☐ Paint Ball
3. What are your range hours? _____
4. Is the range open to: ☐ Public ☐ Club Members ☐ Law Enforcement

Indoor Range:

1. Is the range built by: ☐ Caswell/Detroit ☐ Unysis ☐ Action Target ☐ Savage ☐ Meggitt
☐ Shooting Range International ☐ Other (pictures required)

If other, what specifications were used? _____

2. Number of lanes: _____
3. What is the construction of the building? _____
4. Describe the ventilation system. _____
5. Describe the backstop. _____
6. Describe the partitions between firing points. _____
7. How do you dispose of the spent brass and lead? _____
8. Describe your range maintenance program, including range maintenance log, the procedure for cleaning the range floor, walls, ventilation system, and filtration system, describe the protective clothing worn, equipment used and protection of maintenance personnel, such as blood tests. _____

Outdoor Range:

1. Number of fields: _____
2. Are there warning signs posted around the facility indicating "NO TRESPASSING" and "LIVE FIRE"? ☐ Yes ☐ No
3. Describe the impact area: _____
4. If this is a hunting preserve, what is the total acreage: _____

Range Safety and Protection:

1. Describe safety requirements, rules and procedures at your range. Include a photograph of posted range regulations and safety rules. Provide us with a copy of your policy and procedure manual. _____

2. Is a Rangemaster or range safety officer in control of the range when it is operating? ☐ Yes ☐ No
3. Is the Rangemaster or range safety officer present on the firing line when the range is operating? ☐ Yes ☐ No
If no, how does he control the firing line? _____

4. Do you provide firearms training or instruction? ☐ Yes ☐ No
 - a) If the instructors are not your employees, do you secure certificates of insurance from them? ☐ Yes ☐ No
If yes, are you named as an Additional Insured on their insurance policy? ☐ Yes ☐ No
 - b) Are all instructors NRA certified? ☐ Yes ☐ No. If no, how are they certified? _____

5. Do you rent firearms at your range? ☐ Yes ☐ No
 - a) Which of the following forms of identification do you require from customers wishing to rent guns?
☐ Picture Drivers License ☐ Social Security Card ☐ Firearms Safety ID Card ☐ NRA ID Card
☐ School/Employment ID Card ☐ Firearms ID Card ☐ Hunters Safety Card
 - b) Do you determine renter's experience by requiring them to complete and sign a Firearms Experience Application?
☐ Yes ☐ No If yes, attach a copy. If no, it must be implemented into your procedures.
A sample is available upon request.
6. As part of your enforcement of eye and hearing protection requirements, do you provide eye and hearing protection devices to those customers who do not have their own? ☐ Yes ☐ No
7. Is there a separate area for spectators? ☐ Yes ☐ No
 - a) If yes, please describe the spectator area: _____

8. Provide a copy of Emergency Procedures that have been developed at your range.
 - a) Are First-Aid supplies available? ☐ Yes ☐ No
Are emergency telephone numbers (Police & Ambulance) prominently displayed? ☐ Yes ☐ No
9. Club House Facilities:
 - a) Do you serve or sell liquor? ☐ Yes ☐ No
 - b) Do you serve or sell food? ☐ Yes ☐ No Do you prepare and/or fry food? ☐ Yes ☐ No
 - c) Do you rent the clubhouse for private functions to: ☐ Members ☐ Non-Members?
Examples: Parties, Special Events or Meetings (Provide details on a separate sheet of paper)
10. Do you host shooting events? ☐ Yes ☐ No If yes, How many per year? _____

***Membership in The National Association of Shooting Ranges (NASR) is a valuable tool for proper range management.**

APPLICATION FOR EMPLOYED FIREARMS INSTRUCTORS

SUPPLEMENT LIABILITY INSURANCE

1. Name of Instructor: _____

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH INSTRUCTOR TO BE COVERED UNDER A PARTNERSHIP OR COPORATE POLICY.

2. Indicate the organizations in which you hold membership: () NRA () NAFLFD () NSSF () NASGD () IALEFI () Other

3. Do you have a Federal Firearms License? _____ If yes, provide a copy.

Type: _____ Expiration Date: ____/____/____

THE INSURANCE COVERAGE PROVIDED BY THE INSURANCE POLICY IS LIMITED TO LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE CLAIMS ARISING OUT OF YOUR OCCUPATION AS A FIREARMS INSTRUCTOR.

4. If firearms instruction is not your primary occupation, please indicate your primary occupation: _____

5. Check all instructional courses which you provide:

Hunter Safety Program

Youth Gun Safety Program

Home or Personal Protection Program

Police or Law Enforcement Program

Security Training

First Aid/CPR

Concealed Carry Firearms

Other, Please describe: _____

6. Are you a NRA Certified Instructor? Yes () No () Attach copy of current ID card

7. Indicate which of the following courses you have completed:

<u>Course</u>	<u>Date Completed</u>	<u>Certifying Agency</u>
NRA Basic Firearms Training Program	____/____/____	NRA
NRS Instructor Training Program	____/____/____	NRA
NRA Training Counselor Program	____/____/____	NRA
NRA Coach School	____/____/____	NRA
Military Firearms Instructor Course	____/____/____	_____
Law Enforcement Firearms Instruction	____/____/____	_____
Firearms Manufacturer Instruction	____/____/____	_____
State Sponsored Instruction	____/____/____	_____
Describe Other Training Courses Completed:		
_____	____/____/____	_____
_____	____/____/____	_____

*** ATTACH COPIES OF ALL CERTIFICATIONS.

8. Describe any other experience or background as a firearms instructor which would help us evaluate this application: _____

9. List the course title and frequency of formal recurrent training or recertification programs you attend: _____

PROPERTY UNDERWRITING SUPPLEMENT

Please complete the application. Wherever limits of coverage are requested, please provide the total values at current replacement cost. (Cost to replace new, with materials of like quality and kind, NOT MARKET VALUE).

Name of applicant: _____
Location street address: _____
City, State, Zip Code: _____
County: _____

➤ **Please complete this section for each building/location**

1. Proposed effective date of coverage _____
2. Present insurance carrier, expiration date & premium _____
3. Has coverage been canceled or non-renewed within the past three years? **(MISSOURI APPLICANTS NEED NOT RESPOND)** Reason: _____

4. Describe all property losses within the past five years including the date, the amount, type of loss, whether paid or not. Indicate additional safeguard and/or improvements to prevent similar losses. Please confirm if no losses. Use additional paper if necessary. _____
5. If located in a coastal state, how many miles to the nearest body of water? _____
6. **PREMISES INFORMATION:**

Construction: ☐ Wood/Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible
☐ Metal ☐ Fire Resistive

Approximate year building built: _____

Date of last upgrades: Roof: _____ Electrical: _____ Plumbing: _____

Number of floors: _____ Square feet per floor: _____

Total Building Area (Sq. Ft.): _____ Total area you occupy: _____

Number of fire hydrants within 300 ft.: _____ 1000 ft.: _____

If none describe the water source in the area: _____

Distance to Fire Department: _____ ☐ Paid ☐ Volunteer

Is the building free standing? ☐ Yes ☐ No are you the ☐ Owner or ☐ Tenant?

Are there any other tenants in building? ☐ Yes ☐ No. If yes, please identify tenants(s) and operations(s): _____

Neighboring occupancies and distance: Left: _____

Right: _____ Rear: _____

Are there crash bars in front of doors and windows? ☐ Yes ☐ No

Are there roll down metal shutters in front of doors and windows? ☐ Yes ☐ No

Is the building equipped with a sprinkler system? ☐ Yes ☐ No ☐ Full ☐ Partial

If partial, what area is covered? _____

Is there a sprinkler maintenance contract? ☐ Yes ☐ No Date of last sprinkler test: _____

Note: The sprinkler test must be completed annually.

7. **Describe the alarm system:**

Make & Model: _____

Is the alarm: ☐ Burglary ☐ Fire ☐ Smoke/Heat Other: _____

☐ Central Station ☐ Police Dept. Connection ☐ Local

Battery back-up? ☐ Yes ☐ No Cell phone back-up? ☐ Yes ☐ No

UL Certified? ☐ Yes ☐ No. If yes, attach a copy of certificate.

Installed & serviced by? _____

Have the fire extinguishers been inspected and tagged within the last year? ☐ Yes ☐ No

Is there a watchman on premises? ☐ Yes ☐ No

8. Name and address of Mortgagee: _____

Name and address of Loss Payee: _____

9. Amount of coverage requested. (Full 100% Replacement Cost).

Building: \$ _____

Business Personal Property consists of:

	<u>Values</u>	<u>For Each Category Describe Storage and How Secured</u>
Long Guns	\$ _____	_____
Hand guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery/Equipment	\$ _____	_____
Furniture/Fixtures	\$ _____	_____
TOTAL Limit of BPP	\$ _____	

Are all handguns locked in a safe during closing hours? ☐ Yes ☐ No

If no, describe additional safeguards taken against smash & grab (use a separate piece of paper).

Personal Property of Others \$ _____

Personal Property of Others is Personal Property in your Care, Custody & Control. (i.e. Guns left for repair or storage).
This coverage is not automatically included in "Business Personal Property."

Business Income \$ _____

Business Income equals: Annual Gross Sales **LESS** Cost of Goods Sold and Expenses that do not continue while your business is closed due to a covered loss. (or: Net Profit + Continuing Expenses).

Sign(s) \$ _____

On a separate sheet of paper, please provide a full description, pictures, and invoice for each sign.
Indicate if the sign is free standing or attached to the building. **(NECESSARY FOR QUOTE)**

FRAUD WARNINGS

NOTICE TO 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 BE SUBJECT TO FINES AND CONFINEMENTS IN PRISON.”

NOTICE TO 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 POLICY HOLDER 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 AUTHORITIES.”

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 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 IN 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 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 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.”

NOTICE TO 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.”

NOTICE TO 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.”

NOTICE TO 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, 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.”

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

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: 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” (365:15-1-10,365:3613.1).

NOTICE TO 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."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME O KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OR DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

I/WE UNDERSTAND THAT THIS APPLICATION FORMS THE BASIS OF ACCEPTANCE BY THE COMPANY AND THAT THE ABOVE STATEMENTS ARE TRUE, AS OF THIS DATE. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THIS INSURANCE.

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE, ACCURATE, AND THAT I/WE HAVE NOT INTENTIONALLY WITHHELD ANY MATERIAL FACT THAT MIGHT INFLUENCE THE INSURANCE COMPANY TO PROVIDE THE INSURANCE REQUESTED BY THIS APPLICATION.

SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO ACCEPT INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

If you agree to purchase and the company agrees to provide coverage, such coverage will be bound subject to satisfactory inspection. In the event of an unsatisfactory inspection, the company will issue a Notice of Cancellation providing you with 30 days (or the minimum allowed by law in your state, whichever is greater) to replace coverage.

NOTE: *This application is for informational purposes only. The exact coverage provided is subject to the terms, conditions and exclusions of the policies as issued.*

Print Name of Applicant: _____

Title: _____

Signature of Applicant: _____

Date: _____

Print Name of Agent/Broker: _____

Signature of Agent/Broker: _____

License #: _____

Date: _____



NASGW

National Association of
Sporting Goods Wholesalers



NRA Business
Alliance
The Business of Freedom.