

**THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY**

**FIREARM/GUN MANUFACTURERS SUPPLEMENTAL APPLICATION**

**Applicant Information**

Full Name of all entities of the applicant: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Insured's website address: \_\_\_\_\_

Years in business under the present name: \_\_\_\_\_

Number of employees: \_\_\_\_\_

List any memberships in any industry product-standard associations: \_\_\_\_\_

**Product Information**

Estimate for upcoming year: Domestic sales/receipts: \$ \_\_\_\_\_

Foreign sales/receipts: \$ \_\_\_\_\_

Mail order/internet sales: \$ \_\_\_\_\_

Worldwide Coverage Territory Endorsement desired?

**Note this is not foreign liability**

Payroll estimate this year: \$ \_\_\_\_\_

Payroll per year (5 yr avg.): \$ \_\_\_\_\_

Has insurance ever been canceled or nonrenewed for noncompliance or recommendations or any other reason?  Yes  No

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership?  Yes  No

**\*Attach details if either of the above questions are answered 'yes'**

Product	# of Years on Market	Gross Sales Next 12 Months	*Who do you sell to? (Check all that apply)
			<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G
			<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G
			<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G
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\*M=Manufacturer W=Wholesaler R=Retailer C=Consumer E=Exporter G=Government

**Product Operations**

Insured's product is:  Component parts in another product  Completed final product

If completed final product, do you purchase component parts?  Yes  No

If yes, list country of mfg. \_\_\_\_\_

Intended use(s) and final users of the insured's product are: \_\_\_\_\_

Any products acquired via acquisition or merger?  Yes  No

If yes, did you assume liabilities for these products? (contractually or otherwise)  Yes  No

If yes, provide details and contract(s): \_\_\_\_\_

List any discontinued products you have manufactured or sold:  Check here if none

If discontinued products exist, was a separate general liability policy purchased to cover them?  Yes  No

Do you plan on manufacturing any new products within the next 12 months?  Yes  No

If yes, provide details: \_\_\_\_\_

Do you perform any gun smithing or gun bluing operations?  Yes  No

**Product Design (only complete if you do your own design work)**

Do you maintain records of design changes and reasons justifying these changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are your designs subject to independent external review, testing or cert.? If "Yes", attach details and dates. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are written testing procedures followed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How long are quality control and testing records kept? \_\_\_\_\_

**Risk Management**

Do you manufacture the receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell used gun parts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you provide an owner's manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you repair/alter firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you manufacture any fully automatic weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you put serial numbers on all of the products that required to have them? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you perform a quality control test on the firearms after being assembled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the actions/receivers thoroughly checked before assembling? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you use 3D printers in your manufacturing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Company's name appear on the final product? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? If "Yes", please attach details. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever recalled products because of a potential product safety hazard? If "Yes", attach details indicating percent of recovery. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a written products recall plan? If "Yes", please attach a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No	Separate recall policy in place (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you manufacture any ammunition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you ANSI/SAMMI compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you sell ammunition with your Company's name/label? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Do you ship your product out of the country? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you ITR compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you ATF compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current FFL? <input type="checkbox"/> Yes <input type="checkbox"/> No
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When was the last date of your ATF inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any citations? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you store any black powder or smokeless powder? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you display?
Are NFPA Rule 45 compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your building sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written approval from the local fire department verifying your compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you train your employees on how to detect a possible "straw sale"? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your employees understand Form 4473 and Local, State, and Federal Laws regarding gun sales? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your employees well versed in Federal, State and Local laws regarding the sale and distribution of guns, ammunition, and gunpowder? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Range Operations (only complete if applicable)**

Is the range operated by an NRA certified Range Master/Safety Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require liability waivers to be signed by the customers prior to using the range? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the range in compliance with recognized standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are the hours of operation for the range?
What is the minimum age requirement of shooters?	What is the maximum distance of the ranges?
Do you allow rapid fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	What kind of backstop or berm is used?

**Incident Reporting/Investigation**

Do you have a written procedure for obtaining information about product complaints, No accidents and injuries involving your product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your procedure provide for examining and preserving any allegedly defective product, No with the results of such examination record? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Present Insurer Information (General Liability/Products Liability)**

Limits of Liability Requested \$ \_\_\_\_\_  
 Self-Insured Retention or Deductible \$ \_\_\_\_\_  Deductible  SIR  
 Retroactive Date (if applicable): \_\_\_\_\_  
 Annual Premium: \$ \_\_\_\_\_

**Loss Information (ATTACH 5 YEARS CURRENTLY VALUED LOSS RUNS)**

Date	Carrier	Policy Period	No. of Claims	Total Amounts Paid		Amount Reserved		Total Incurred
				Indemnity	Expense	Indemnity	Expense	
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

\_\_\_\_\_  
 Applicant's Signature Title Date

\_\_\_\_\_  
 Printed name of the Signatory for Applicant

\_\_\_\_\_  
 Agent's signature Date