

## ***Supplemental Insurance Application***

Legal Name of Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_ LLC \_\_\_\_

Federal Employer ID # \_\_\_\_\_ Years in Business: \_\_\_\_\_

List any associations you are a member: \_\_\_\_\_

Check all that applies in respect to the operations of your business:

- Firearms Manufacturer                      Type(s) of firearms produced: \_\_\_\_\_
- Ammunition Manufacturer                  Any reloading operations? \_\_\_\_\_
- Distributor / Wholesaler                    Types of products distributed \_\_\_\_\_
- Gunsmith services                            Total Revenues from Operations \_\_\_\_\_
- Manufacturer of other products (Firearm Accessories)  
List other products that you manufacture: \_\_\_\_\_
- Firearms Retailer / Dealer  
\_\_\_\_\_
- Indoor / Outdoor Ranges  
\_\_\_\_\_
- Trap, Skeet, and Sporting Clay Fields \_\_\_\_\_
- Firearms Importers  
\_\_\_\_\_
- Hunting / Shooting Clubs and Associations \_\_\_\_\_

Projected Payroll next 12 months: \$ \_\_\_\_\_ Projected Revenues next 12 months: \$ \_\_\_\_\_

Do you sell product to any customers who require you to name them as an additional insured on your general liability policy? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Do you import foreign products that go into the products that you manufacture?: \_\_\_\_\_

Do you distribute foreign products that you import directly?: \_\_\_\_\_ If yes, please advise if you are added as an additional insured onto their foreign policy? (Provide copy of AI & Certificate of Insurance)

List all Federal Firearms Licenses that you hold: \_\_\_\_\_

What was the date of your last ATF inspection?: \_\_\_\_\_ Were there any violations cited?: \_\_\_\_\_

If so, how did you resolve the citation? \_\_\_\_\_

Do you perform the design work on your own products? \_\_\_\_\_

Describe your quality control procedures or attach any checklists/QC guides that your employees use: \_\_\_\_\_

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Do you Sub Contract any of your manufacturing or gunsmith operations? If so, do you have a written contract in place, verify insurance or are named as an additional insured? Yes or No \_\_\_\_\_

Do you store or display any black powder or smokeless powder? Yes or No \_\_\_\_\_ How much smokeless powder do you display? \_\_\_\_\_

How do you store the remainder of the smokeless powder that is not displayed?

\_\_\_\_\_

If Yes, do you comply with:

NFPA Rule 495, storage procedures? Yes or No \_\_\_\_\_

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. \_\_\_\_\_

Do you have written approval from your Local Fire Department verifying your compliance? Yes or No \_\_\_\_\_

If yes, please provide a copy.

Is your production building equipped with a fire sprinkler system?: \_\_\_\_\_ What % of building is sprinklered?: \_\_\_\_\_

Do you have a contract in place for the maintenance of the sprinkler system? \_\_\_\_\_

What are your procedures in the event of a fire?: \_\_\_\_\_

Do you have firewalls within your building(s): \_\_\_\_\_ If so, describe how they separate flammable materials within your operations: \_\_\_\_\_

Do you conduct background investigations on all new hires? Yes or No \_\_\_\_\_

Do you provide continuing education training to your employee? If yes, how often? \_\_\_\_\_

Are your employees versed in Federal, State and Local laws regarding the distribution of guns, ammunition and gun powder (black and smokeless)? Yes or No \_\_\_\_\_

Do you or your employees hold any special certifications or training? If yes, please describe? \_\_\_\_\_

Do you operate any other businesses from this location? If yes, please identify type (e.g. Corporation, Partnership, Individual, LLC, or Other) and a detail description.

\_\_\_\_\_

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\_\_\_\_\_

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Do you build or assemble firearms? \_\_\_\_\_

Do you manufacture the receiver?

\_\_\_\_\_

Do you put a serial number on the firearms?

\_\_\_\_\_

Are the actions/receivers utilized new or used?

\_\_\_\_\_

Are the actions/receivers thoroughly checked prior to assembly?

\_\_\_\_\_

Do you test the firearms after assembly?

\_\_\_\_\_

Do you provide an owner's manual, handling, or safety instructions?

\_\_\_\_\_

Does your name appear anywhere on the firearm?

\_\_\_\_\_

Indoor / Outdoor Ranges, Trap, Skeet, and Sporting Clay Fields, and Hunting / Shooting Clubs and Associations:

Do you require any liability waivers to be signed by guest, client, customer, or member? \_\_\_\_\_

Do you require a NRA Certified Range Safety Officer or Chief Range Safety Officer on premises during shooting hours? \_\_\_\_\_

Is the range in compliance with any recognized standards? (i.e. AAC, NFAA, etc.) \_\_\_\_\_

What are the hours of operation? \_\_\_\_\_

What is the minimum age of an unsupervised shooter? \_\_\_\_\_

Is the premises secured and locked when not operating? \_\_\_\_\_

Are range rules and safety guidelines posted in a conspicuous manner? \_\_\_\_\_

Are first aid kits located at each range? \_\_\_\_\_

Number of employees with medic first aid certification? \_\_\_\_\_

What is the maximum distance of ranges? \_\_\_\_\_

What kind of backstop or berm is used? Please describe in detail:

\_\_\_\_\_

List safety procedures and/or attach safety guidelines?

\_\_\_\_\_

Retail Operations & Gunsmithing

Number of gunsmiths: \_\_\_\_\_

Describe services offered: \_\_\_\_\_

\_\_\_\_\_

Do you alter firearms from the original factory specification? Or repair only? \_\_\_\_\_

Do you use the services of an independent gunsmith? \_\_\_\_\_

If yes, does the gunsmith have liability insurance? \_\_\_\_\_ If yes, attach a copy of the Certificate of Insurance with this application.

Do you sell ammunition with your label not manufactured by you? \_\_\_\_\_ If yes, does the manufacturer provide a "Vendors Endorsement" liability insurance with you as an insured?

\_\_\_\_\_

Do you have mail order or internet sales? \_\_\_\_\_ If yes, what percentage of your annual sales is mail order and/or internet sales?

\_\_\_\_\_

What percentage of your sales are at gun shows?

\_\_\_\_\_

Do you sell or provide hand loaded ammunition?

\_\_\_\_\_

Do you sell fully automatic weapons?

\_\_\_\_\_

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?

\_\_\_\_\_

Have employees been trained in the detection of "Straw Sales?"

\_\_\_\_\_

Do you participate in pawn/pawn shop operations? \_\_\_\_\_

Are all your firearm products purchased from U.S. manufacturers or distributors?

\_\_\_\_\_

If no, \_\_\_\_\_% are directly imported by you from foreign companies

\_\_\_\_\_ % are purchased from foreign wholesalers/distributors

If no, and you are a direct importer, are you named on a foreign manufacturer's insurance policy for vendors liability coverage? \_\_\_\_\_

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#### ADDITIONAL REQUIREMENTS

- All brochures describing any and all products and services
- Product Safety Manuals, Warnings, literature regarding use and/or maintenance
- Website address
- Copy of current Federal Firearms License (FFL)
- Any and all liability Waiver/hold-harmless agreement you may require, if applicable
- Have you ever been fined by or had your FFL suspended/revoked by the ATF for any violation. Please provide details, if yes.

#### FRAUD NOTICE STATEMENTS

**NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF 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 MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF 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 POLICYHOLDER 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 AGENCIES."

**RESIDENTS OF 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."

**RESIDENTS OF FLORIDA RESIDENTS 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 OF THE THIRD DEGREE."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF 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, OR 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."

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

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF 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."

**RESIDENTS OF TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN AFFLICTION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA 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 AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA 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."

I /We understand any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to the questions on this application. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: \_\_\_\_\_, Dated: \_\_\_\_\_

Producers Name (Please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_, Dated: \_\_\_\_\_

Applicant's Name (Please print) \_\_\_\_\_, Title: \_\_\_\_\_