

# The Cincinnati Specialty Underwriters Insurance Company

## Shooting Range Supplemental

(Complete in addition to Acord application)

<b>General Information:</b>			
1.	Business Name:		
2.	Premises Address:		
3.	Website:		
<b>Underwriting Information:</b>			
4.	Indicate Type of Range (mark all that apply):		
	<input type="checkbox"/> Rifle	<input type="checkbox"/> Pistol	<input type="checkbox"/> Skeet
		<input type="checkbox"/> Trap	<input type="checkbox"/> Archery
5.	Range is:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor
6.	If Range is outdoor, are signs posted at frequent intervals warning the public that shooting operations may be in progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	If range is outdoor, is it located near a park or residential area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Is range:	<input type="checkbox"/> Public	<input type="checkbox"/> Private
9.	How long has the applicant managed the facility?		
10.	What is the applicant's background and experience in the operation of a shooting range? _____ _____ _____		
11.	Is wearing of ear and eye protection required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Number of shooting range lanes:		
13.	Is there a range officer present during all live fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No: please describe management's supervision of the range: _____ _____			
14.	Does range officer check customer identification and training in firearm handling and safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Does range officer inspect weapons to make sure they are in safe working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Describe Shooter training process (videos, quiz, individual training): _____ _____		
17.	What is minimum age allowed to shoot?	When accompanied by an adult?	
18.	Minimum age for handguns?	Long guns?	
19.	Was the range designed by an engineer or other professional? (NSSF, NRA, Army, Other?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Other; please explain: _____			
20.	What is maximum caliber ammunition allowed in the range?		
21.	Does insured utilize a waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, was this waiver reviewed by legal counsel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please provide a copy</b>			

22.	Does Insured have range rules? <b>If yes, Please provide a copy</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
23.	Does insured have range rules posted in more than one location in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
24.	Is an automatic target retrieval system utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
25.	Does Insured rent firearms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
26.	Does insured allow any of the following types of ammunition? If yes, please mark all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Armor piercing	<input type="checkbox"/> Penetrating	<input type="checkbox"/> Green Tip	<input type="checkbox"/> Steel Core	<input type="checkbox"/> Incendiary	<input type="checkbox"/> Tracer rounds