



- 1. Do your operations include wholesale or distribution of firearms, ammunition and related products?
2. Do you now or have you ever directly imported any firearms, ammunition or related products?
3. Do you manufacture any firearms or related products?
4. Do you do custom barrel making or custom stocking?

If the answer to any questions above was "Yes", the appropriate class specific application will be required and the rest of this application will not apply.

If the answer to all questions above was "No", complete the following:

- 5. Do you have more than 50% sales per annum derived from Gunsmith work?
6. Do you operate your business out of your home?
7. Do you display or store smokeless or Pyrodex powder?
8. Do you display or store black powder?
9. If you answered "Yes" to questions 7 or 8 are you in full compliance with the NFPA 495 Explosive Materials Code?

Business Name, Business Address, City, State, Zip, Telephone Number, Email, Contact Person, Fax, Account #, App Date, Target \$, Indication?, Need by, Rep.

GENERAL INFORMATION

Total number of locations, Date Business Started, FEIN #, Type of Entity, Do you hold a Federal Firearms License, If yes, state all classes, If yes, are all firearms delivered through a Federal Firearms Licensed (FFL) Dealer, List training sessions required of, or seminars attended by, employees.

LOSSES

Describe any losses, other than worker's compensation, in the last four years whether insured or not, including date of loss.

For Office Use Only: CONDITIONS (if chosen) Wind Excluded, Theft Excluded, Theft contingent on installation of CS alarm, Designated Operations Endorsement Applies, Products/Completed Operations Coverage Excluded

SCHEDULE OF LOCATIONS



Business Alliance Insurance Package Application

List of all locations: (If no physical street address is available, please include either a **map** of the local area detailing each location, or **directions** from a local landmark, or the **legal description** filed with the local courthouse)

LOCATION #: _____
Street City County State Zip

Or legal description filed with the local courthouse: _____

Occupancy (Check all that apply): Retail Firearms Gunsmith Indoor Shooting Range Outdoor Shooting Range
Indoor Archery Range Outdoor Archery Range Other _____

Land - Description of Use and Total Acres: _____

General Liability Class Code: _____ GL Rating Basis & Exposure: _____

Class Description: _____

LOCATION #: _____
Street City County State Zip

Or legal description filed with the local courthouse: _____

Occupancy (Check all that apply): Retail Firearms Gunsmith Indoor Shooting Range Outdoor Shooting Range
Indoor Archery Range Outdoor Archery Range Other _____

Land - Description of Use and Total Acres: _____

General Liability Class Code: _____ GL Rating Basis & Exposure: _____

Class Description: _____

LOCATION #: _____
Street City County State Zip

Or legal description filed with the local courthouse: _____

Occupancy (Check all that apply): Retail Firearms Gunsmith Indoor Shooting Range Outdoor Shooting Range
Indoor Archery Range Outdoor Archery Range Other _____

Land - Description of Use and Total Acres: _____

General Liability Class Code: _____ GL Rating Basis & Exposure: _____

Class Description: _____

ADDITIONAL INTERESTS Location# _____

Name: _____ Issue Cert

Mailing Address: _____
Street City County State Zip

Type & Description of Interest: Mortgage Lessor Land Owner Loss Payable Lender's Loss Payable Other _____

ADDITIONAL INTERESTS Location# _____

Name: _____ Issue Cert

Mailing Address: _____
Street City County State Zip

Type & Description of Interest: Mortgage Lessor Land Owner Loss Payable Lender's Loss Payable Other _____

Please complete a separate page for each location to be insured **LOCATION #:** _____



PROPERTY: Effective Date: _____ Current Premium: _____

	Total Amount	Deductible	Co.-Ins.	ACV	RC	Blanket
<input type="checkbox"/> Building	\$ _____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> **Business Personal Property	\$ _____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Property of Others	\$ _____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Limitation						
<input type="checkbox"/> Business Income including Extra Expense	\$ _____		<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/6 _____ % Co-Ins.			

** Please provide a breakdown of values below.

Year Built: _____ Sq. Ft. you occupy: _____ Number of Stories: _____
 1st Floor Sq. Ft. _____ 2nd Floor Sq. Ft. _____ 3rd Floor Sq. Ft. _____ Basement: _____
Total Sq. Ft. _____ Distance to Fire Hydrant: _____ Distance to Fire Dept: _____

Construction: F JM NC MNC MFR FR Sprinklers: Yes No
 Date of updates (if over 40 years old): Electrical: _____ Roof: _____ Plumbing: _____ Heating: _____ A/C: _____

Building: Owned Leased *If leased, are you required to carry building insurance?* Yes No
 Are you located within 15 miles of the coast? *If yes, supplement* Yes No
 Is the premises equipped with an Automatic Sprinkler System? Yes No
 Is there a manufacturing or processing occupancy in the same building? Yes No
 Are there any habitational occupancies in the same building? (*supplement*) Yes No
 Are any buildings equipped with a restaurant or kitchen facilities? (*supplement*) Yes No
 Is the premises equipped with an Underwriters Laboratories Approved Burglar Alarm? Yes No

The Automatic Alarm System covers (Check all that apply):
 Burglar Fire Smoke Alarm Local Central Station

Describe burglar alarm system in detail:
 Make/Model _____ Is there a battery backup? Yes No
 List tripping devices: _____
 Installed & Serviced By: _____

Central Connection Police Connection Is it UL certified? Yes No
 Serviced: Monthly Quarterly Semi-Annually Annually
 Is there a watchman on premises? Yes No
 Are premises protected by crash bars? Yes No

Business Personal Property Breakdown of Values		
Description	Replacement Cost	Describe how stored and secured
Firearms	\$ _____	
Gun parts and accessories	\$ _____	
Ammunition	\$ _____	
Sporting goods	\$ _____	
Furniture and fixtures	\$ _____	
	\$ _____	
	\$ _____	
Give details on any other exposure not listed above:		



COVERAGE EXTENSIONS & ADDITIONAL COVERAGES

Property Extra Equipment Breakdown No Enhancement Endorsement

<u>Check if Optional Limits Needed</u>	<u>Coverage</u>	<u>Desired Limit</u>	<u>Included Limit</u>
<input type="checkbox"/>	Business Income and Extra Expense due to Interruption Of Computer Operations Due to Destruction or Corruption of Electronic Data	\$	\$2,500 /YR
<input type="checkbox"/>	Electronic Data	\$	\$2,500 /YR
<input type="checkbox"/>	Equipment Breakdown Perishable Goods Sub-Limit	\$	\$25,000
<input type="checkbox"/>	Equipment Breakdown Computer Coverage Sub-Limit	\$	\$25,000
<input type="checkbox"/>	Valuable Papers and Records Inside the Premises	\$	\$25,000**
<input type="checkbox"/>	Accounts Receivable Inside the Premises	\$	\$25,000**
<input type="checkbox"/>	Property Off Premises	\$	\$25,000**
<input type="checkbox"/>	Property In Transit	\$	\$50,000**
<input type="checkbox"/>	Employee Dishonesty	\$	\$10,000**
<input type="checkbox"/>	Forgery and Alteration	\$	\$10,000**

** These limits are available only with purchase of the Property Extra Endorsement.

Firearm Cargo Coverage Yes No **Premium**
 \$20,000 aggregate / \$5,000 per item \$ 100

ATF Defense Costs Coverage Yes No
 \$50,000 aggregate / \$50,000 per hearing \$ 100

Please complete the following if Employee Dishonesty Increased Limits are requested:

Do you have quarterly bank reconciliation by someone other than check writers? Yes No

Do you require more than one signature on checks greater than \$5,000 value? Yes No

Do you have a safe? If yes, please describe _____ Yes No

Number of employees who handle money: _____

INLAND MARINE:

Scheduled Property Floater Deductible \$ _____

Item#	Description	Make	Model	Serial #	Value

Firearms Floater (Other than Stock)

Deductible \$ _____ (Please include an original appraisal for any firearm valued at \$7,500 or more)

Item#	Description (Including Year)	Make	Model	Serial #	Caliber / Gage	Value
Unscheduled firearms and accessories		\$ _____ Maximum Per Item			\$ _____ Total	



GENERAL LIABILITY LIMITS Effective Date _____ Current Premium _____

Current: \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
 Desired: \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Sub-limits of Insurance apply to Gunsmith Operations of \$100,000 / \$100,000. The Cost of Defense for Gunsmith Operations is included in the Sub-limits of Insurance.

Do you want the limits of Insurance for Gunsmith Operations amended to equal the limits applicable to Operations other than Gunsmith Operations? Yes No

(Please note: Products Completed Operations Limit for Gunsmith Operations will equal the Per Occurrence Limit. The Cost of Defense will be outside the limit.)

Is the building rented to others for special events? Yes No
 Nature of the events (wedding, dances, etc.): _____

Are you in compliance with all Local, State, or Federal Statutes? Yes No

Do any locations include a Lake or Pond? (*supplement*) Yes No

Do you directly import foreign goods? Yes No

Do your operations include hunting activities? Yes No

If hunting activities are included, do you permit the use of elevated stands or tree stands? Yes No

Do any hunting activities include shooting over a body of water? Yes No

Do you require a signed Waiver or Hold Harmless Agreement for all participants? Yes No

Are you in compliance with all Federal, State & Local laws? Yes No

Do you sponsor or participate in historical re-enactment events, carnivals, fairs, rodeos, rock concerts, motorized racing, wrestling or boxing matches? (*supplement*) Yes No

Are you involved in the promotion, sponsorship or organization of any gun shows? Yes No

Would you like a quotation for general liability coverage for gun shows you sponsor or promote? Yes No

(If yes, please include a list of all gun shows planned for the next twelve months including name, location & date. A sales representative will call you for additional information.)

Please explain any "Yes" responses from above: _____

Indicate all operations that describe your business. (Round sales to the nearest \$1,000).

<u>Description</u>	<u>Est. Annual Sales</u>
Retail sales of firearms, ammunition & related products	\$ _____
Retails sales of other products	\$ _____
Gunsmith (<i>supplement</i>)	\$ _____
Firearms instruction	\$ _____
Ranges indoor/outdoor	\$ _____
Skeet, trap, sporting clays	\$ _____
Archery range indoor/outdoor	\$ _____
Internet sales or mail order sales	\$ _____
Other; describe _____	\$ _____



RANGE OPERATIONS AND SAFETY SUPPLEMENT LOCATION# _____ Not Applicable

Type of range: Indoor Outdoor Pistol Rifle Skeet, Trap or Sporting Clay Air Archery
 Open to the Public Members Only

Number of lanes: _____ Number of fields: _____

To what specifications are ranges built? Per NRA Guidelines Own design, (as described below):

A Range Safety Program should include all of the following criteria. (Please check all that apply to your club)

Range Maintenance Program Maintenance Log Procedures for cleaning of indoor range ventilation/filtration system
 Proper dispensing of all spent brass and lead Written Range Safety Program Guidelines Range Safety Rules Posted

Are sufficient backstop, beams and/or pit exposures maintained for all ranges? Yes No

Is a safety officer in control of the range at all times when in operation? Yes No

Do you provide firearms training, safety or instruction? Yes No

Are all instructors certified? NRA Law Enforcement Other _____ No

Do you rent firearms? Yes No

If "yes", is legal identification with photo required? Yes No

Do you require safety instruction to all new shooters? Yes No

Do you require ear and safety protection? Yes No

Spectator Safety: Designated Area for Spectators, if any No Spectators Other _____

RANGE OPERATIONS AND SAFETY SUPPLEMENT LOCATION# _____ Not Applicable

Type of range: Indoor Outdoor Pistol Rifle Skeet, Trap or Sporting Clay Air Archery
 Open to the Public Members Only

Number of lanes: _____ Number of fields: _____

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If "yes", is legal identification with photo required? Yes No

Do you require safety instruction to all new shooters? Yes No

Do you require ear and safety protection? Yes No

Spectator Safety: Designated Area for Spectators, if any No Spectators Other _____



WORKER'S COMPENSATION

Effective Date: _____ Anniversary Rating Date: _____ Current Premium: _____
 Employer's Liability Limits: 100,000/500,000/100,000 500,000/500,000/500,000 1,000,000/1,000,000/1,000,000
 Risk ID or Bureau #: _____ FEIN #: _____ Exp. Mod.: _____ # of Employees: _____

State	Classification Code	Description	Payroll (Show coverage inclusion/exclusion option separately below)	Hazard Group
			\$ _____	
			\$ _____	
			\$ _____	

WC Coverage Election Option: Where allowed by state law, please indicate those exempt classes of person you elect to come under the WC coverage or those included classes of persons you elect not to be covered under the WC coverage:

Executive Officers of the Corporation Other; specify: _____

Name	State	Payroll	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
		\$ _____		
		\$ _____		
		\$ _____		

Refer to the provisions of your state laws for complete details regarding the status of executive officers, partners, sole proprietors, and members and managers of limited liability companies; coverage election options available; and requirements, if any, that you submit an application to your governing state agency for approval. Failure to meet these requirements may affect your coverage or result in an additional premium at audit.

- Do you have any employees younger than 16 or older than 70? Yes No
- Do any employees live on the premises? Yes No
- Extend work comp coverage to include volunteers? Yes No
 - If yes, are any volunteers younger than 16 or older than 70? Yes No
- Do you lease employees to or from other employers? Yes No
- Is there a labor interchange with any other business/subsidiary? Yes No
- Do you sponsor any athletic teams or activities? Yes No
- Do you own, operate or lease aircraft / watercraft? Yes No
- Any work performed on barges, vessels, docks or bridge over water? Yes No
- Is coverage currently written through an assigned risk? (If yes, please attach a copy of declarations) Yes No
- Stop Gap (ND, OH, WA, WY)? Yes No

State: _____ # of Employees: _____

If you have employees in CO, DC, FL, IN, KY, LA, ME, MS, NH, NM, NY, OR, RI, TX, please complete WC Supplemental Application.

New York Disability Coverage? Yes No
 If yes, please complete supplemental application.

LOSSES None

Describe any Worker's Compensation losses in the last four years:

Policy Year	Total # of Claims	# of Open Claims	Total \$ Incurred Losses

Describe any large losses excess of \$5,000, including date loss and cause of loss:

Date of Loss	Amount of Loss	Description of Loss

Additional Questions If Coverage Is Bound



**CALIFORNIA WATERFOWL
INSURANCE PROGRAM**

**Business Alliance
Insurance Package Application**

GENERAL

- Do you have now or anticipate hiring employees? Yes No
- If yes, are background checks required by the state? Yes No
- If yes, a) Does applicant conduct background checks for each employee? Yes No
- b) Does applicant decline employment when the background check reveals adverse information regarding the prospective employee? Yes No

For all past or present operations, please explain any "Yes" responses below:

- Are any medical facilities provided or medical professionals employed or contracted? Yes No
- Are any watercraft, docks or floats owned, hired or leased? Yes No
- Are any recreation facilities, including a swimming pool, provided? Yes No
- Do you sponsor any sporting or social events? Yes No
- Is your organization a subsidiary of another entity? Yes No
- Does your organization own any subsidiaries? Yes No
- Please explain any "Yes" responses from above: _____
- _____
- _____

PRIOR INSURANCE Premium information not available

Provide premiums and losses for the previous three years if available. No losses

<u>Year</u>	<u>Premium</u>	<u>Losses</u>	<u>Insurance Company</u>
Current Year	\$ _____	\$ _____	_____
1 st Prior Year	\$ _____	\$ _____	_____
2 nd Prior Year	\$ _____	\$ _____	_____

Send completed form to:

California Waterfowl Insurance Program
P.O. Box 874952
Kansas City, MO 64187-4952

Phone: 1-888-843-3340
Fax: 1-913-652-7599
CAWaterfowl@LocktonAffinity.com