



Name _____
Address _____
City _____ Telephone Number _____
State, Zip _____ Fax Number _____
Email _____ Date of Birth ____/____/____

Applicant is: [] Individual [] Partnership [] Corporation

The insurance coverage provided by this insurance policy is limited to your liability arising out of your occupation as a firearms instructor (including defense related training, education, instruction and coaching).

Do you have a federal firearms license? [] Yes [] No If yes, indicate class and purpose for the license: _____

Check all instructional courses that you provide:

(Note: there is no professional coverage offered on any reloading instruction.)

- [] Home Firearm Safety [] Personal Protection [] Refuse to Be A Victim
[] Pistol [] Rifle [] Shotgun
[] Range Safety Officer [] Metallic Cartridge Reloading [] Shotgun Shell Reloading
[] Muzzleloading Rifle [] Muzzleloading Pistol [] Muzzleloading Shotgun
[] Archery [] Reloading
[] Other. Please describe: _____

Are you a Certified Instructor or Coach? [] Yes [] No

Do you perform any training regarding Security? [] Yes [] No

Indicate which of the following courses you have completed:

Table with 3 columns: Course, Date Completed, and Certifying Agency. Rows include NRA Basic Firearm Training Program, NRA Instructor Certification Program, NRA Training Counselor Workshop, NRA Coach School, NRA Law Enforcement Firearms Instruction, NRA Refuse To Be A Victim® Instructor Development Workshop, Military Firearms Instructor Course, Firearms Manufacturer Instruction, State Sponsored Instruction, and Describe Other Training Courses Completed.

Describe any other experience or background as a firearms trainer that would help us evaluate this application.

THIS POLICY INCLUDES NAMING ONE RANGE AND/OR ONE CLASSROOM FACILITY AS AN ADDITIONAL INSURED FOR CLAIMS ARISING OUT OF YOUR INSTRUCTION AT THAT RANGE OR CLASSROOM. THERE IS AN ADDITIONAL CHARGE FOR NAMING ANOTHER RANGE OR CLASSROOM OR SUBSTITUTING THE RANGE OR CLASSROOM ORIGINALLY NAMED.

Instructor *Plus*

Insurance Application

Are you required to provide a certificate of insurance/proof of coverage to anyone? Yes No

Are they requesting to be added as an additional insured? Yes No

If yes, state the reason and the name and address of the party requesting the certificate of insurance.

Who provides the firearms and the ammunition used during live fire exercises? Student Range Retail Store Yourself

Other: _____

If you provide the ammunition and/or firearms, please indicate the types of firearms, ammunition and who manufactured it.

Do you issue certificates to students indicating their completion of a specific course? Yes No

Do you retain the test results and other written records concerning your students' performances? Yes No

Do you have a homeowners or renters insurance policy? Yes No

If yes, please complete the information below:

Insurance Company Name: _____

Limit of Personal Liability Insurance: _____ Expiration Date: _____

Annual income or fees from your instruction activities: \$ _____

COVERAGE

	<u>Total Annual Premium</u>
\$250,000/\$500,000 Limit	
General & Professional Liability.....	\$150.00
\$500,000/\$1,000,000 Limit	
General & Professional Liability.....	\$225.00
\$1,000,000/\$2,000,000 Limit	
General Liability, EXCLUDING PROFESSIONAL LIABILITY.....	\$250.00
\$1,000,000/\$2,000,000 Limit	
General & Professional Liability.....	\$300.00

TOTAL ANNUAL PREMIUM FOR SELECTED COVERAGE

\$ _____

PROGRAM ADMINISTRATOR SERVICE CHARGE

\$ 15.00

TOTAL AMOUNT DUE

Add Total Annual Premium and Program Administrator Service Charge \$ _____

SIGN & DATE

Signing of this new application does not bind the company to offer, nor the applicant to accept insurance. It is agreed that this new application shall be the basis of the insurance should a policy be issued and the insurance shall be limited to claims arising out of the applicants activities as a firearms trainer 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 new application.

Signature **X** _____ Date **X** _____

Send completed form and check to:

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

1-888-843-3340
CAWaterfowl@LocktonAffinity.com

Instructor *Plus*

Insurance Application

FRAUD WARNING

For your protection various state laws require the following notice:

GENERAL FRAUD STATEMENT (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA.)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [NY: substantial] civil penalties." In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

STATE SPECIFIC FRAUD STATEMENTS

COLORADO law requires the following notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes 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 policy holder 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 Agencies.

DISTRICT OF COLUMBIA law requires the following notice: **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.

FLORIDA law requires the following notice: 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.

HAWAII law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

KANSAS law requires the following notice: 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 for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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.

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT law require the following notice: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

MINNESOTA law requires the following notice: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

OHIO law requires you be informed that any person with intent to defraud or knowing that he / she 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.

OKLAHOMA law requires the following notice: 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.

WASHINGTON law requires the following notice: 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.