



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

FIREARMS SUPPLEMENTAL APPLICATION COMMERCIAL GENERAL LIABILITY APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

Please attach the following information:

- 5 years currently valued carrier loss runs
- Copy of your Federal Firearms License
- Catalog (if website unavailable)

APPLICANT'S INFORMATION

- 1) APPLICANT NAME: _____
- 2) ADDRESS: _____
- 3) CITY, STATE, ZIP CODE: _____
- 4) LOCATION OF BUSINESS IF DIFFERENT FROM ABOVE: _____
- 5) WEBSITE ADDRESS: www. _____
- 6) Current carrier information:

Carrier:	_____
Limit of Insurance:	_____
Deductible:	_____
Premium:	_____
Expiration:	_____
Retroactive Date:	_____

GENERAL INFORMATION

1. Please check all boxes that apply to your operation:

- | | |
|--|--|
| <input type="checkbox"/> Firearms, Suppressors, and Lower Receivers Manufacturing
<input type="checkbox"/> Manufacturing of "gray" parts –unbored/80% receivers, bump stocks, trigger cranks
<input type="checkbox"/> Accessories and Optics Manufacturing
<input type="checkbox"/> Wholesale Firearm Distribution and/or Military/LEO only Direct Sales
<input type="checkbox"/> Body Armor/Ballistic Paneling Manufacturing
<input type="checkbox"/> Paintball Marker Manufacturing
<input type="checkbox"/> Gunsmithing/Gun Repair (on customer supplied arms only) | <input type="checkbox"/> Operational Firearms Parts and Holsters Manufacturing
<input type="checkbox"/> Non-operational Firearms Parts Manufacturing
<input type="checkbox"/> Ammunition Manufacturing
<input type="checkbox"/> Retail Civilian Firearm Sales
<input type="checkbox"/> Firearm Range Manufacturing
<input type="checkbox"/> Pellet, BB, and Airsoft Gun Manufacturing
<input type="checkbox"/> Other _____ |
|--|--|



2. What are your total sales for the coming policy term? If more than one box above is checked, please provide breakdown for each category: _____

3. For airsoft, pellet, and bb gun manufacturing, provide the maximum operational FPS (feet per second of fired projectile) of most forceful product sold: _____
Do all products bear a brightly colored "safety tip"? Yes No
4. If ammunition is sold, are any products of an atypical or specialty nature such as incendiary rounds, armor-piercing, rubber bullet, pepper shot, bean bag rounds, et cetera? Yes No
If Yes, please describe: _____

5. For retail firearm sales, is a mandatory "straw sales" training procedure in place? Yes No
Are all employees required to sign off on your "straw sales" policies, regardless of full or part time status?
 Yes No
Do you have a mandatory waiting period? Yes No
If yes, does the waiting period apply to all firearms or specific types only (list types to which a waiting period applies)?____

6. Does your location have a shooting range accessible to individuals other than employees? Yes No
If yes, is mandatory range safety training/sign off required of all range users on an annual (or more frequent) basis?
 Yes No
Are firearms rented for range use? Yes No
Is eye and ear protective gear required for all persons present on the range? Yes No
7. For ballistic paneling and armor other than plates/vests, to what NIJ level are products tested? _____

Is testing performed by an independent 3rd party? Yes No
8. Is any less-than-lethal weaponry (pepper spray, mace, Tasers, electro-shock devices, tear gas, et cetera) sold?
 Yes No
9. Have any of your products been involved in a mass shooting event? Yes No
If yes, please provide details: _____

10. Have you, your employees, or anyone working on your behalf ever been cited for a "straw sales" violation or other unlawful firearm transaction? Yes No
If yes, please provide details: _____



11. Please describe your premises security precautions: _____

12. Are any new products to be introduced, or manufactured during the next year? Yes No
 Describe type and expected sales: _____

13. In the event that it becomes necessary to recall a product, what means would be used to secure the return and disposal of the product? How much estimated expense would this entail? Attach a copy of your recall plans. _____

14. Has any product ever been recalled? Yes No
 If Yes, supply the following details:
 Date of recall: _____ Voluntary Ordered? By what agency? _____
 Product involved: _____
 Reason for recall and how discovered: _____
 What was the remedy of the problem? _____
 What percentage of goods were returned/repaired/replaced? _____
15. Do you have procedures in place to obtain and record information related to reports of defective products? Yes No
16. Are there any present situations which might give rise to an incident causing a product recall? Yes No
 If Yes, supply details. _____

17. Are product records, serial numbers or other information maintained that would show the date of manufacture and to whom and the date each product was sold? If Yes, supply details including how long such records are maintained? Yes No

18. Have you had any Product Liability claims that were or were not covered by insurance? Yes No
 If Yes, advise details. _____

- 19) During the past five years, has any insurer ever canceled or nonrenewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please explain: Yes No

20. Have you ever been declared bankrupt or voluntarily entered a bankruptcy plan of reorganization? Yes No
 If you checked "Yes", please provide details. _____



21. Have you merged with or acquired any companies in the last 5 years? Yes No
 If Yes, provide details and advise how past liabilities were handled in the acquisition. _____

22. Have you been cited by any regulatory agency for violations arising out of business activity Yes No
 involving your product for any reason other than straw sales? If Yes, provide details. _____

23. Do you have any discontinued products or are you considering discontinuing any products? Yes No
 If Yes, please explain the reasons for discontinuing. _____

24. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages Yes No
 or accidents (including but not limited to: allegations of faulty or defective products, product failure,
 product dispute bodily injury or property damage) arising out of or related to your products that a
 reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which
 might directly or indirectly involve the company?

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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 denial of insurance benefits.

NOTICE TO 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.



NOTICE TO 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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 a 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.

NOTICE TO 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.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

