



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**GUNSHOPS AND  
GUNSMITHS  
APPLICATION**

**General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Length of season: \_\_\_\_\_

2. Do you desire products liability coverage (i.e., sales of products which can be used off your premises; ammunition, fire arms, etc.):  Yes  No  
 If yes, list all products you now sell, or expect to sell: \_\_\_\_\_  
 \_\_\_\_\_

3. Do you desire completed operations coverage for gunsmithing of shotguns or any other service work you perform?  Yes  No

4. Number of skeet and trap fields: \_\_\_\_\_

5. Sporting clay fields: \_\_\_\_\_

6. Number of stations: \_\_\_\_\_

7. Of rifle/pistol facilities, number of stations that are:  
 a. Indoor, Shuttered: \_\_\_\_\_

- b. Indoor, Open: \_\_\_\_\_
- c. Outdoor, Shuttered: \_\_\_\_\_
- d. Outdoor, Open: \_\_\_\_\_

8. Number of skeet and trap "house guns" that you loan or rent: \_\_\_\_\_
9. Number of pistol/rifle "house guns" that you loan or rent: \_\_\_\_\_
10. Does your facility meet NRA specifications?  Yes  No
11. Does your facility meet all town ordinances and codes for safety, noise and permits?  Yes  No
12. Please list all buildings currently existing on your premises: \_\_\_\_\_
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13. Please supply a detailed field layout of your facility. This should include acreage, distance between boundaries, access roads, clubhouse, parking facilities, location of shooting fields, and any other target range activities including distance to impact areas and backstop of impact areas (i.e., wooded hills, sand hills, etc.). A survey map or hand-drawn layout is acceptable. Please use separate sheet of paper for layout.

14. Please enclose aerial photographs or diagrams showing locations of facilities, acreage, lakes, ponds, streams, etc.
15. Do you contemplate any structural alterations, demolition, or new field or facility construction?  Yes  No  
 If yes, please explain: \_\_\_\_\_
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16. Do you have a swimming pool, docks, or water sports facility on the premises?  Yes  No  
 If yes, please explain: \_\_\_\_\_
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17. Do you charge a fee for parking facilities?  Yes  No

18. Do you rent, lease, or loan any equipment or firearms for use off your premises?  Yes  No

19. Do you provide any of the following facilities?
- a. Vending Machines  Yes  No
  - b. Restaurant  Yes  No
  - c. Snack Bar  Yes  No

20. If you have a restaurant or snack bar,
- a. Do you franchise/lease this operation to others?  Yes  No
  - b. What are the annual receipts? \$ \_\_\_\_\_
  - c. Are alcoholic beverages sold?  Yes  No

21. Is your property posted?  Yes  No  
 If yes, explain how, in detail, including how often posted signs are checked for vandalism or needed repairs: \_\_\_\_\_
- 

22. Number of days open per week? \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter

23. Are guides available?  Yes  No

24. Are dogs available?  Yes  No

25. Total gross income last year, from all operations (including range, hunting, and other): \$ \_\_\_\_\_

26. Total gross receipts breakdown for range operation (if none, state none):

	YOUR CLUB	PUBLIC	OTHER CLUBS SCHEDULED TOURS/EVENTS
Skeet, Trap	\$	\$	\$
Sporting Clays	\$	\$	\$
Big Bore Rifle	\$	\$	\$
.22 Caliber Rifle	\$	\$	\$
Pistol	\$	\$	\$
Pistol Silhouette	\$	\$	\$
Black Powder	\$	\$	\$
Archery	\$	\$	\$
Other (explain):	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

27. Gross receipts breakdown, sales:

Sale of New/Used Firearms	\$
Sales of Factory Ammunition (i.e. by the case or not for Immediate use on your premises)	\$
Sales of Reloading Components (i.e. Shot, Hulls Powder, Primers)	\$
MI other Products (i.e. wearing apparel, cleaning equipment, etc.)	\$
Gunsmithing or other services	\$
Other (explain):	\$
<b>TOTAL</b>	\$

NOTE: If you sell any powder or primers, reloading equipment (i.e. MEC, Ponsness/Warren, etc.) target throwing machines or parts, coverage can only be considered if you provide a copy of a current Certificate of Insurance from the manufacturer, wholesaler, or distributor.

28. Gross receipts breakdown, food services:

Restaurant	\$
Lounge	\$
Other (explain):	\$
<b>TOTAL</b>	\$

29. Approximate percent of ammunition sold for:

USE ON YOUR PREMISES		USE OFF OF YOUR PREMISES	
Factory	%	Factory	%
Reloads you purchase	%	Reloads you purchase	%
Reloads you load	%	Reloads you load	%

30. Are range pistols and rifles chained or affixed to stations?  Yes  No

31. Do you have a designated "Range Safety Officer" making rounds while the range is open?  Yes  No

32. Describe or list all safety rules, requirements or procedures at your flanges (i.e. number of certified instructors, posted range rules, hearing and eye protection requirements, etc.)

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33. What supervision and/or controls are in place? How do these controls reduce risk and promote safety? \_\_\_\_\_

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34. How are new shooters supervised? \_\_\_\_\_

At Skeet and Trap Fields: \_\_\_\_\_

At Rifle/Pistol Stations: \_\_\_\_\_

35. Do you enforce any age restrictions for participation in any activity?  Yes  No

If yes, please explain: \_\_\_\_\_

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36. Do any hotels, resorts, schools, clubs or any other organization, sponsor any public shooting?  Yes  No

If yes, please indicate type of organization and their percent of public shooting: \_\_\_\_\_

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37. Total gross income last year, hunting operations: \$ \_\_\_\_\_

38. Breakdown of total gross receipts last year (if none, state "none")

	YOUR CLUB	PUBLIC	OTHER CLUBS SCHEDULED TOURS/EVENTS
Pheasants	\$	\$	\$
Quail	\$	\$	\$
Chucker	\$	\$	\$
Ducks	\$	\$	\$
Goose	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL	\$	\$	\$

39. Number of birds harvested

	YOUR CLUB	PUBLIC	COST PER BIRD – YOUR CLUB	COST PER BIRD – PUBLIC
Pheasants			\$	\$
Quail			\$	\$
Chucker			\$	\$
Ducks			\$	\$
Goose			\$	\$
Other (explain):			\$	\$
<b>TOTAL</b>			\$	\$

40. Total gross income for last year's operations:

	YOUR CLUB	PUBLIC	OTHER CLUBS SCHEDULED TOURS/EVENTS
Dog Training	\$	\$	\$
Dog Boarding (please list number of kennels: _____ )	\$	\$	\$
Dog sales	\$	\$	\$
Horse rental (please list number of horses: _____ )	\$	\$	\$
Guides	\$	\$	\$
Overnight Guests			
Other (explain):	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name