



OUTDOOR

Gun Club General Liability Application for Coverage

Name of Club _____

Contact Name _____ Number _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Location of Club Address(if different) _____

Email _____ Website _____

Is electronic delivery of policy documents acceptable? Yes No

Is your organization one of the following(select one):

- A Nonprofit Corporation
- An Unincorporated Nonprofit Association
- A Business Entity

Type of Entity: Gun Club State Association Re-enactment

General Information

Number of club members: _____

Do you have any inactive members? Yes No

Please note: "Inactive club members" are those members who will not attend any club activity throughout the course of the year.

If yes, how many inactive members? _____

If yes, please explain why they are inactive: _____

Is your facility open to anyone other than club members? Yes No

If yes, do they need to be accompanied by a member of the club? Yes No

If no, please explain: _____

Does your club have ATVs/UTVs or golf carts that you permit patrons to use? Yes No

Do you rent to or allow use of your clubhouse, pavilion, picnic areas, etc., for non-gun club activities? Yes No

If yes, please describe: _____

Do you have other entities within your club that have their own bylaws and officers, such as a single action shooting club? Yes No

If yes, do you secure certificates of insurance from each group? Yes No

Do you carry workers' compensation insurance? Yes No

If no, would you like a quote? Yes No

Do you rent guns? Yes No

Do you reload ammunition? Yes No

Are you in compliance with all state and ATF codes regarding commerce in firearms and ammunition? Yes No

Do you allow others to use your premises to instruct for a fee paid directly to them and not the club? Yes No

If yes, confirm that you secure insurance certificates from them? Yes No

Does your club hold a valid liquor license and serve alcohol for a fee? Yes No

If yes, this policy will not provide coverage.

General Operations

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

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

If Hunting Activities are included, does you club permit the use of tree stands or elevated stands? Yes No

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

Does your club sponsor or participate in historical re events, carnivals, fairs, rodeos, rock concerts, motorized racing, wrestling or boxing matches? Yes No

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

If yes, 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 Client Solutions Representative will call you for additional information.)

Are sporting or social events sponsored other than routine club functions? Yes No

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

If yes, do you want a quote for the instructors professional liability? (Not covered by this policy) Yes No



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Schedule of Locations

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 #: _____
Physical address or legal description filed with the local courthouse

Description of Use: _____ Owned Leased Land Only

Do you lease any of this property to another party? Yes No

If yes, please explain: _____
(e.g. farming, cell towers hunting lease, etc.)

Years at this location: _____ Years in business: _____ Number of acres: _____

What type of range? Indoor Outdoor Pistol Rifle Archer Skeet trap or sporting clay

Number of lanes: _____ Number of skeet/trap fields: _____

Receipts

Membership dues

Any receipts not included in the memberships dues: _____

Entry fees/registered shoots (excluding purse, optional, daily fees) _____

Sale of new/used firearms _____

Gun smithing and related services _____

Restaurant/snack bar _____

Camping/RV facilities and other lodging _____

Do you allow automatic firearms to be used on your range? Yes No

If yes, do you require the firearms to be tethered or hard mounted to a tripod? Yes No

Do you allow any incendiary/explosive rounds(tracer, HE, dragon's breath, Tannerite, etc.)? Yes No

Do you have a range safety maintenance program? Yes No

Are range safety rules posted or all members and guests? Yes No

Have you had any complaints regarding noise or property damage from neighboring properties? Yes No

If yes, please describe the situation in detail and indicate if it has been resolved.

What is the approximate distance to the nearest residential or commercial property?

Do you have any playground equipment or swimming pools? Yes No

If yes, please provide a photo with your application.

Additional Questions

Do you have a swimming pool? Yes No

Is it completed surrounded by a fence with a gate that is locked after hours? Yes No

Is the depth clearly marked on all sides of the pool? Yes No

Are rules clear and posted in a conspicuous location? Yes No

Do you have a diving board or slide? Yes No

Do you keep a record of the daily chemical readings ? Yes No

Do you have either a lifeguard on duty during swim hours or "Swim at Your Own Risk" signage posted? Yes No

Coverage Section

Liability Limits: \$1,000,000/2,000,000 Other:

Premium

Hired and nonowned auto

\$150

Do you own any auto under the named insured seeking coverage on this policy?

Yes No

Are members auto used in **regular** daily business operations?

Yes No

GL extension endorsement* \$200

*Blanket additional insured/waiver of subrogation/primary and noncontributory **Schedule of**

Additional Insureds

Name(s) and address(es) of additional insureds:

Type of interest: Lessor Landowner

Range Owner Other:

If you'd like an additional insured certificate for any landowners/facilities listed above, multiply this amount by \$25

Number of additional insureds: _____ x \$25 = \$ _____

Loss History

No Losses

Date of Loss	Description of Incident	Amount Paid/Reserve
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Insurance Carrier	Limits of Liability	Premium

Sign & date

This is an application for insurance. This is not a binder of insurance.

With your signature below and the payment of premium, you acknowledge your approval of the placement of your insurance coverage with the insurance company(ies) shown below and your understanding that the current A.M. Best Rating of each such company is as shown below. Lockton Affinity, LLC has not performed an independent analysis and as such, cannot guarantee or make any representations in regard to, and expressly disclaims responsibility for, the financial condition of any insurance companies with which we place business. Any rating information contained in this document has been obtained by a third-party rating agency, and we do not represent or warrant its accuracy. Please refer to www.ambest.com for the latest information.

With the signature below and by submission of an order to bind coverage, client consents and agrees to Lockton's ability to receive the compensation outlined in the attached services and compensation summary under all circumstances. Client understands that this consent and agreement shall continue and apply to each renewal upon payment by client of a renewal invoice which will disclose any charges applicable to that renewal

This is an application for general liability insurance coverage only. Other types of insurance are available such as auto, property, crime and workers' compensation insurance. We recommend you review all your insurance needs. Please contact your client solutions representative if you are interested in a quotation for additional coverages or limits.

Please refer to the policies for complete terms, conditions, limitations, definitions, and exclusions that will apply in the event of a loss. If there is any conflict between the policy and the descriptions of coverage provided herein, the provisions of your policy shall prevail. With the signature below you acknowledge that you have read and understand the various terms, conditions, notices and advisories of this application.

Signature

Date

Signature authorized representative

Send completed form and premium payment to: Lockton Affinity
 PO Box 874952
 Kansas City, MO
 64187-4952

Phone: 1.844.401.9444
 Fax: 1.913.652.7599
info@locktonaffinityoutdoor.com

Insurance program administered by Lockton Affinity, LLC Not available in New York or Washington.