



OUTDOOR

Gun Club General Liability Application for Coverage

Club Name _____
Mailing Address _____
City _____
State _____ ZIP _____
Telephone _____ Email _____
Contact Person _____

For Internal Use Only	
Account #:	_____
App Date:	_____
Target \$:	_____
Indication? Yes _____ No _____	
Need by:	_____
Rep:	_____

Is electronic delivery of policy documents acceptable? ☒ Yes ☐ No, please mail me a paper copy of my policy documents.

General Information

Total Number of Locations: _____ Expiration Date: _____

Current Number of Members: _____ Does your club own or lease land? ☐ Yes ☐ No

Does your club meet only at another's premises for instruction/range activities? ☐ Yes ☐ No

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 #: _____
Street _____ City _____ County _____ State _____ ZIP _____

Or legal description filed with the local courthouse: _____

Location #: _____
Street _____ City _____ County _____ State _____ ZIP _____

Or legal description filed with the local courthouse: _____

Schedule of Additional Insureds

Name: _____
Address: _____
Type of Interest: ☐ Lessor ☐ Landowner ☐ Range Owner ☐ Other: _____

Name: _____
Address: _____
Type of Interest: ☐ Lessor ☐ Landowner ☐ Range Owner ☐ Other: _____

If there are more AI's attach on a separate sheet.

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Range Operations and Safety

Type of range: ☐ Indoor ☐ Outdoor ☐ Pistol ☐ Rifle ☐ Skeet, Trap or Sporting ☐ Clay ☐ Air ☐ Archery

Number of lanes: _____ Number of Skeet/Trap Fields: _____

To what specifications are ranges built? ☐ Per Installer's/Contractors Guidelines ☐ Own design, (as described below):
Specify Contractor or Describe own specs: _____

An adequate Range Safety Program should include all the following criteria:

(Please check all that apply to your club)

- ☐ Range maintenance program ☐ Procedures for cleaning of indoor range ventilation/filtration system
☐ Maintenance log ☐ Proper dispensing of all spent brass and lead ☐ Written range safety program guidelines
☐ Range safety rules posted

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

Is a club member, or range 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

If **yes**, do you want a quotation for Instructors' Liability (not covered by this policy)? ☐ Yes ☐ No

Are all instructors certified? ☐ Yes ☐ No

If **yes**, by what organization? ☐ AACFI, FITP, USCCA, NLEFIA, NRA ☐ Law Enforcement ☐ Other _____

Do you rent firearms? ☐ Yes ☐ No

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

Do you require safety instruction to all shooters who don't exhibit proficiency? ☐ Yes ☐ No

Do you require ear and safety protection? ☐ Yes ☐ No

Spectator safety: ☐ Designated area for spectators, if any ☐ No Spectators ☐ Other _____

Are all incendiary/explosive rounds (tracer, HE, Dragon's Breath, tannerite, etc) **prohibited** everywhere on your premises?
☐ Yes ☐ No

What is the frequency of your backstop maintenance (weekly, monthly, etc)? _____

General Operations

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

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

Does your club hold or participate in historical re events, carnivals, fairs, rodeos, rock concerts, motorized racing, wrestling, boxing matches or fireworks displays? ☐ 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 (not covered by this policy)? ☐ Yes ☐ No

Does your club own or allow the use of ATVs/UTVs on leased/owned property? ☐ Yes ☐ No

If **yes**, are they used ONLY for transporting people/equipment to and from shooting sites or for maintenance of your property? ☐ Yes ☐ No

Is your club involved in any land management such as controlled burns, logging or chemical application? ☐ Yes ☐ No

If **yes**, please contact your representative, there will need to be more information gathered on these operations.

Does your Club have a lake/pond on premises? ☐ Yes ☐ No

If **yes**, are ice skating/hockey, water skiing, wakeboarding or similar activities allowed or conducted? ☐ Yes ☐ No

Does your Club have a swimming pool? If **yes**, a Supplemental Application is required. ☐ Yes ☐ No

Does your Club have food/drink sales of more than \$50,000 per year? ☐ Yes ☐ No

If **yes**, what is the total food/drink sales annually? \$ _____

Does your Club have off premises food/drink sales of more than \$1,000 per year? ☐ Yes ☐ No

If **yes**, what is the total off premises food/drink sales annually? \$ _____



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Loss History	<input type="checkbox"/> No Losses	Description of Incident	Amount Paid/Reserved
Date: _____	_____	_____	\$ _____
Date: _____	_____	_____	\$ _____
Date: _____	_____	_____	\$ _____
Do you have knowledge of any incident which may lead to a claim? If yes, please describe on a separate sheet of paper:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Insurance Carrier		Limits of Liability	Premium
_____		_____	\$ _____

Rating Information

Desired Effective Date _____

(may not be prior to date of receipt of this application)

Select Desired General Liability Limit Below

*Florida residents—call your representative for pricing

Liability Limit	# of Club Members	Rate	Premium Payment	Minimum Premium
Occurrence/Aggregate				
<input type="checkbox"/> \$1,000,000/\$2,000,000	x	\$9.00	= \$	or \$575
<input type="checkbox"/> \$1,000,000/\$1,000,000	x	\$8.50	= \$	or \$525
<input type="checkbox"/> \$500,000/\$1,000,000	x	\$5.50	= \$	or \$350

Optional Coverage

☐ Hired and non-owned auto

Premium

\$150

☐ GL extension endorsement*

\$200

*Blanket Additional insured/Waiver of subrogation/Primary and non-contributory

= \$ _____

If you want your landowner to be covered, subtract 2 from the number of landowners to be covered and then multiply this amount by \$25.

Number of Additional Insureds _____ -2 x \$25 = \$ _____

Calculate Your Premium Cost (Subject to MINIMUM Premiums noted above)

(Enter the calculated premium or the minimum premium, whichever is greater)

Club Liability Premium \$ _____

Total Annual Premium

Sub Total = \$ _____

RPG membership fee + \$ \$125 _____

State Tax (see chart and instructions on next page) + \$ _____

Total Amount Due

Add: Total Annual Premium + RPG membership fee + State Tax(See State Tax) = \$ _____

Table next page) Note: Premium is fully earned



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State Tax

To determine the tax amount:

- For the states of AK, CA, CT, HI, IL, MA, MD, MI, MT, NC, NH, NJ, NY, OH, PA, SD and VT, multiply the **SUM** of the Total Annual Premium. Then add any additional state fees indicated below for your state.
- For all other states, multiply the **SUM** of the Total Annual Premium and the Program Administrator Service Charge by the percentage below. Then add any additional state fees indicated below for your state.

AL - 6%	CT - 4%	IA - 1%	LA - 4.85%	MS - 7.25%	NJ - 5%	OK - 6%	TN - 5.175%	WV - 4.55%
AK - 3.7%	DE - 3%	ID - 2%	ME - 3%	MO - 5%	NM - 3.003%	OR - 2.3%*	TX - 4.925%	WI - 3%
AZ - 3.2%	DC - 2%	IL - 3.575%	MD - 3%	MT - 2.75%	NY - 3.77%	PA - 3%*	UT - 4.43%	WY - 3.175%
AR - 4%	FL - 5%	IN - 2.5%	MA - 4%	NE - 3%	NC - 5.4%	RI - 4%	VT - 3%	
CA - 3.25%	GA - 4%	KS - 6%	MI - 2.5%	NV - 3.9%	ND - 1.75%	SC - 6%	VA - 2.275%	
CO - 3%	HI - 4.68%	KY - 4.8%**	MN - 3.04%	NH - 3%	OH - 5%	SD - 2.675%	WA - 2.10%	

*Additional State Fees - Please add to Total Tax above: OR - \$10; PA - \$20

**KY taxes may be higher in certain counties

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 **X** _____ Date **X** _____
Signature Authorized Representative

Send completed form and premium payment to:

Lockton Affinity
PO Box 874952
Kansas City, MO 64187-4952

Phone: 1.877.487.5407
Fax 1.913.652.759
Info@LocktonAffinityOutdoor.co



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FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.