



OUTDOOR

Firearms Instructor General Liability and Professional Liability Application for Coverage

First name _____

Last name _____

DBA (Business name) _____

Principal address* _____

City _____ State/ZIP _____

Telephone number _____ Email _____

* Please provide a physical address, not a Post Office Box.

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).

Have you had any general liability or professional liability losses in the past three years? Yes No

If YES, please describe the loss(es) or attach hard copy loss runs for review. _____

Check all instructional courses that you provide:

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

- Basic firearm safety, pistol, shotgun, carbine or rifle Advanced firearm safety, pistol, shotgun, carbine or rifle
- Skeet, trap, sporting clays Concealed carry Airgun, cross-bow, long bow or
- Basic firearm function and safety Law enforcement or military style training compound bow marksmanship
- Other. Please describe: _____
- Olympic Archery or shooting disciplines
- Ammunition reloading process and safety
- Range Safety officer
- Firearm function, assembly, disassembly and cleaning

Are you a Certified instructor or Coach? Yes No

Are you a Certified Concealed carry Instructor? Yes No

Is a Range Safety Officer present (at all times) when offering instruction? Yes No

Do you conduct any training that includes the use of any firearm that is pointed at another person and is capable of shooting live ammo, blanks, or simulated ammunition? Yes No

Do you own the range where you will be performing live fire instruction? Yes No

Do you generate income (membership dues, range fees, fees from other instructors) from your range for anything other than your individual instruction? Yes No

Do you utilize signed waivers and hold harmless agreements? Yes No

What is your average annual training revenue: \$ _____

This policy includes coverage for additional Insureds "as required by written contract" via a blanket endorsement. You may name, at no charge, two ranges or classrooms where you provide instruction as Additional Insured (if required by written contract) for claims arising out of your instruction at that range or classroom. There is an additional \$35.00 charge for naming another range or classroom or substituting the range or classroom originally named. Please list the locations where you provide instruction as additional insureds, if required by your contract.

- 1.
- 2.
- 3.
- 4.
- 5.



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Select limits

Premium

- \$250,000/\$500,000 limit*
General and professional liability \$150.00
- \$500,000/\$500,000 limit*
General and professional liability \$225.00
- \$1,000,000/\$2,000,000 limit
General and professional liability \$300.00

* In South Dakota, \$250K/\$500K and \$500K/\$500K are not available.

RPG Membership Fee \$40.00

State Taxes (Applies to FL, CO, CA, & WA only) - See State Tax chart below

Total Amount Due:

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 RPG 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

Signature

This 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 application.

Signature: _____

Date: _____



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Fraud warning

For your protection various state laws require the following notice:

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.