



Outdoor gun club general liability application

SECTION A: GENERAL INFORMATION

Name of club: _____

Contact for insurance: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Physical location of club (if different than mailing address): _____

Email: _____ Website: _____

Alternative email or phone number: _____

Is electronic delivery of policy documents acceptable? Yes No

Is your organization a nonprofit? Yes No

SECTION B: CLUB INFORMATION

Please answer all questions. If not applicable, use "N/A."

Years at this location: _____ Years in business: _____ Clubhouse area (in square feet): _____

Number of acres owned by club: _____ Number of acres leased by club: _____

Number of club members: _____

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

Number of employees, including trap persons: _____

Do you have golf/clays carts that you permit patrons to use? Yes No

If yes, confirm that you allow only licensed drivers to use them. Yes No

Do you allow members to bring their own golf/clays carts? Yes No

If yes, please confirm that you allow only insured carts and licensed drivers to use them. Yes No

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

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

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

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 have a range safety maintenance program? Yes No

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

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

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

Are all incendiary/explosive rounds (tracer, HE, Dragon's breath, Tannerite, etc.) prohibited everywhere on your premises? 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 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 the club hold a valid liquor license and serve alcohol for a fee? Yes No

If yes, please provide a copy of your liquor license.

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

Please describe all other instances where alcohol is consumed on club property or during club events:

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, confirm that you secure certificates of insurance from each group. Yes No

Do you conduct any events involving automatic weapons or automatic weapon demonstrations? Yes No

If yes, please attach a full description of these events.

Do you carry workers' compensation insurance? Yes No

If yes, name of insurance company: _____

Do you sponsor or host any non-shooting events? Yes No

If yes, please attach a written explanation.

Do you sponsor any events with more than 200 people in attendance? Yes No

If yes, please attach a written explanation.

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

If no, how do you maintain a safe atmosphere for the club? _____

Do you lease to others any land/property you own or lease? Yes No

If yes, please explain:

(Example: farming, cell towers, hunting lease) _____

Do you allow local police departments to use your facility? Yes No

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

Do you rent guns? Yes No

If yes, do you allow the use of reloads in them? Yes No

If yes, ineligible for this program.

Do you relinquish control of your facility to others with their range safety officers in control instead of the club's range safety officers? Yes No

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

SECTION C: OPERATIONS

ANNUAL GROSS REVENUES

Shooting operations

Skeet/trap/sporting clays target sales _____

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

Rifle/pistol range fees _____

Shooting instruction (income from club-sponsored shooting instruction) _____

Club operations

Ammo sales (coverage excluded for sale of reloads) _____

Gun/cart rental _____

Sale of new/used firearms _____

ANNUAL GROSS REVENUES

Gun smithing and related services _____

Pro shop (hats, jackets, hearing protection, etc.) _____

Clubhouse rental _____

Alcoholic beverage sales _____

Restaurant/snack bar _____

Additional operations

Archery _____

Big game hunting (deer, boar, elk, bear) _____

Bird hunting facilities/preserves _____

Camping/RV facilities and other lodging _____

Fishing _____

Animal boarding/training _____

Other

Membership dues (*deduct specific benefits included in dues, such as target fees or rifle/pistol range fees, and list them on the appropriate lines above*)

Other: _____

Other: _____

Total gross revenues _____

Please provide the quantity for each category listed below.

Sporting clay fields _____	Archery ranges _____
Trap fields only _____	Rifle/pistol ranges _____
Skeet fields only _____	Restaurant/snack bar _____
Trap/skeet fields combines _____	Boats* _____
Five stand or similar fields _____	

*Count boats owned by the club that are used by members and/or guests. No coverage for boats exceeding 150HP or 26 feet.

Please list all additional range facilities, activities or services to be covered and not listed above:

SECTION D: SCHEDULE OF ADDITIONAL INSURED

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

Type of interest: Lessor Landowner
 Range owner Other: _____

Loss history	No losses	Description of incident	Amount paid/reserve
Date:			\$
Date:			\$
Date:			\$
Do you have knowledge of any incident that may lead to a claim? If yes, please describe on a separate sheet of paper.			Yes No

Prior insurance carrier	Limits of liability	Premium
		\$

Select desired general liability limit below

Desired effective date: _____

Liability limit

- \$1,000,000/\$2,000,000
- \$1,000,000/\$1,000,000
- \$500,000/\$1,000,000

Optional coverage

	<u>Premium</u>		
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

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

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

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.