			REA	AN ION			
		Shooting Sport	s Supp	lemental			
Named Insured: Website:							
Detailed Description of Operations:							
Hours of Operation:							
Driving or Delivery Mileage % of Each:		<50		50-100		100+	N/A
Group Transportation:		No		Yes	lf yes,	# of Employees:	#
Are Vehicles Company Owned:		No		Yes		N/A	
Vehicle Maintenance Program:		In-House		Outside Vendor		No	
Distracted Driving policy in place:		No No		Yes	<u> </u>	N/A	
Drivers Training: Overnight Travel by Employees:		No No	<u> </u>	Yes Yes	If yes	N/A frequency:	
Employees (# of Each):		Full Time		Part Time	ii yes,	Seasonal	Volunteers
How are Employees Paid:		Hourly		Commission		Salary Other:	
Benefits Offered (check all that apply):		Paid Sick Time		Paid Vacation		401k	Retirement
Group Health Coverage:		Yes		No	lf yes,	% paid by employer:	%
Pre Hire (check all that apply):		Written Application		Reference Checks		Physicals	Lead Testing
		Pre-Hire Drug Testing Pre-Hire MVR Checks		Random Drug Testing Annual MVR Checks		Post Acc. Drug Testing Criminal Background Ch	Routine Hea
	Other	r, please list:				[o	
Return-To-Work/Light Duty Available:		Formal/Written		Informal/Verbal		None	
Employee Average Annual Turnover:		%					
Subcontractors Used:		No		Yes	lf yes,	what % of payroll	%
Are COIs Obtained for Subs:		Yes		No		N/A	
Day Laborers or Employee Leasing:		Yes	$\square$	No		1	
Safety Program in Place:		Formal/Written		Informal/Verbal		None	
Safety Training:		Yes, Documented		Yes, Verbal		No	
Safety Meetings: f yes, frequency:		Yes		No Monthly		Quarterly	Annually
If yes, frequency: Lifting Exposures:		Weekly <25lbs	⊢	Monthly 25-40lbs		Quarterly 40+lbs	Annually N/A
Arting Exposures: Machinery Guarded & Maintained:		Yes		No	<u> </u>	N/A	
lockout/Tagout:		Yes		No	<u> </u>	N/A	
Forklifts Used:		No	⊨	Yes	-	Check Box if Operators	Are Annually Certi
Maximum Depth in Feet:		0-3 Feet		4-7 Feet	<u> </u>	8 Feet and Below	N/A
Maximum Height in Feet:		0-6 Feet		7-15 Feet		15 Feet and Above	N/A
f heights, what is used:		Scissor Lift		Scaffolding		Bucket Truck	Ladder
	Othe	r, please describe:	L	j Ç	<b></b>	1	
nas implemented to keep employees safe in response to COVID19: List all Personal Protective Equipment:		Gloves Goggles		Back Belts Non-Slip Shoes		Protective Clothing Steel Toed Boots	Ear Plugs Masks
		Hard Hats	Other	; please list:	L		IVIUSKS
Association Membership(s):	Pleas	e list:					
Who is the use of your facility open to:		7					
		General Public		Registered Members & t	heir gue	osts	Both
		General Public		Registered Members & t	heir gue	ests	Both
Any livestock used for your operations?		General Public No		Registered Members & t Yes, See Below	heir gue	ests	Both
Any livestock used for your operations? f "Yes", Provide a complete Explanation:		No		Yes, See Below	heir gue	1	
Any livestock used for your operations? f "Yes", Provide a complete Explanation: Do you engage in boarding or care of livestock:		No		Yes, See Below Yes		Check if handled by a Sub	
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The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

**Owner/Officer Signature:** 

Date: