



Shooting Sports Supplemental

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 **If 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 Yes N/A
 Drivers Training: No Yes N/A
 Overnight Travel by Employees: No Yes **If yes, frequency:** _____
 Employees (# of Each): Full Time Part Time 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 **If yes, % paid by employer:** %
 Pre Hire (check all that apply): Written Application Reference Checks Physicals Lead Testing
 Pre-Hire Drug Testing Random Drug Testing Post Acc. Drug Testing Routine Hearing Test
 Pre-Hire MVR Checks Annual MVR Checks Criminal Background Checks
Other, please list: _____
 Return-To-Work/Light Duty Available: Formal/Written Informal/Verbal None
 Employee Average Annual Turnover: %
 Subcontractors Used: No Yes **If yes, what % of payroll** %
 Are COIs Obtained for Subs: Yes No N/A
 Day Laborers or Employee Leasing: Yes No
 Safety Program in Place: Formal/Written Informal/Verbal None
 Safety Training: Yes, Documented Yes, Verbal No
 Safety Meetings: Yes No
 If yes, frequency: Weekly Monthly Quarterly Annually
 Lifting Exposures: <25lbs 25-40lbs 40+lbs N/A
 Machinery Guarded & Maintained: Yes No N/A
 Lockout/Tagout: Yes No N/A
 Forklifts Used: No Yes Check Box if Operators Are Annually Certified
 Maximum Depth in Feet: 0-3 Feet 4-7 Feet 8 Feet and Below N/A
 Maximum Height in Feet: 0-6 Feet 7-15 Feet 15 Feet and Above N/A
 If heights, what is used: Scissor Lift Scaffolding Bucket Truck Ladder
Other, please describe: _____
 Provide details regarding what the insured has implemented to keep employees safe in response to COVID19: _____
 List all Personal Protective Equipment: Gloves Back Belts Protective Clothing Ear Plugs
 Goggles Non-Slip Shoes Steel Toed Boots Masks
 Hard Hats **Other, please list:** _____
 Association Membership(s): **Please list:** _____
 Who is the use of your facility open to: General Public Registered Members & their guests Both
 Any livestock used for your operations? No Yes, See Below
 If "Yes", Provide a complete Explanation: _____
 Do you engage in boarding or care of livestock: No Yes Check if handled by a Sub-Contractor & COI's obtained
 Do you engage in the sale of firearms: No Yes **If Yes, Provide FLL Number:** _____
 Any Ammunition Reloading / Re-Manufacturing: No Yes
 Do you offer gunsmithing services: No Yes % if yes, please provide the % of operations
 Firearms rented for use on your shooting ranges: No Yes
 Courses Offered: Concealed Carry Hand to Hand Combat Interactive & Tactical Training
 Basic Handgun Builder Class Ladies Only Basic Handgun & CWL Class
 Defensive Handgun Precision Class Basic Knife Training
Other, please list: _____
 Guided hunting expeditions offered: No Yes **Yes, please describe:** _____
 Types of Range(s) check all that apply: Outdoor Rifle Number of Lanes Max Caliber Max Yardage
 Indoor Rifle Number of Lanes Max Caliber Allowed
 Outdoor Pistol Number of Bays Max Caliber Allowed
 Indoor Pistol Number of Lanes Max Caliber Allowed
 Indoor Archery Number of Lanes Max Caliber Allowed
 Outdoor Archery Number of Stations
 Trap Number of Stations
 Skeet Number of Stations
 Sporting Clay Number of Stations
 Ranges Officers supervise ranges at all times: No Yes
 Electronic warning devices designating Hot & Cold range status: No Yes
 Are written rules of the range openly displayed on all ranges: No Yes
 Ranges in compliance with recognized and accepted standards: (NRA, NFAA, IBO, NSSF, etc.) No Yes
 If "Yes", Provide a complete Explanation: _____
 Employees engage in the collection of spent ammunition on the ranges: No Yes
 Proper personal protection equipment used during the collection process: No Yes N/A
 Require regular testing for lead poisoning for these employees: No Yes N/A
 Do you permit the use of automatic weapons on any of your ranges: No Yes
 Do you permit the use of exploding targets on any of your ranges: No Yes
 Have any of your employees, customers or members experienced a firearm related injury while on your premises over the past three years? No Yes
 Were these incidents properly reported to the police or law enforcement: No Yes N/A
 Please provide a complete description of all firearm related injuries: _____
 Do your employees perform routine grounds maintenance: No Yes
 Please indicate all duties performed by your employees: Lawn Mowing Target Stand/Target Repair
 Tree Trimming Snow Removal/Plowing
 Electrical Repairs Vehicle Maintenance
 Plumbing Repairs General Building/ Mechanical Repairs

Affirmation

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: _____