JOSEPH CHIARELLO & CO., INC.
INSURANCE

Firearms Business Insurance Program

APPLICATION FOR INSURANCE

PREFERRED PROVIDER
National SHOOTING SPORTS Foundation
PROMOTE • PROTECT • PRESERVE

Joseph Chiarello & Co., Inc.
291 Morris Ave
Summit, NJ 07901
800.526.2199
info@jcinsco.com
www.guninsurance.com

Named Insured(s)	Name of Owner(s)	% of Ownership	Operations of Entity

General Information:

1. Mailing address: _____

   City, State, Zip: _____
2. Individual to contact: _____ E-Mail: _____
3. Telephone # (____)_____ Fax # (____)_____ Website: _____
4. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____
5. Federal Employers ID #: _____ or Social Security #: _____
6. Years in business _____ If new venture or in business less than 5 years, attach a narrative describing your business & firearms experience.
7. Is the corporation currently operating (or during the past five years, has operated) under any chapter of the United States Bankruptcy Code? ☐ Yes ☐ No.
8. Location of premises to be insured. (Use a separate sheet of paper if necessary): _____

   _____ County: _____

   a) Is it a ☐ commercial building or ☐ dwelling? If it is a dwelling, is it a detached building? ☐ Yes ☐ No

   b) Is this building solely occupied by the business? ☐ Yes ☐ No

   c) Please provide evidence of homeowners insurance if the business is located on the same property as your home.

   d) Are you the: ☐ Owner ☐ Tenant ☐ Lease part of the building?

   Total square footage you occupy: _____

   If you are not the sole occupant of the premises, please describe other occupants: _____

   _____

   e) If you are the owner of the premises and have tenants, please provide Certificate(s) of Insurance from all your tenants.

   f) If you are required to add your landlord as an additional insured, please provide name and address. _____

   _____
9. How did you hear about this insurance program? _____

   _____
10. Indicate the organizations you are a member of:

    ☐ NSSF ☐ NAFR ☐ NRA ☐ NASR ☐ OTHER _____
11. Proposed effective date of coverage: _____

Business Information:

Check ALL operations, which describe your business:

☐ Wholesale/Distributor ☐ Retail Sales ☐ Gunsmithing ☐ Range ☐ Shooting or Hunting Club

☐ Ammunition manufacturing (including Reloading)

☐ Manufacturer of any product. **Submit** detailed narrative about the product(s) with literature, brochures, price lists, etc.

☐ Other _____

Sales Information:

1. What were your Gross Sales/Receipts for the past 12 months? $_____
2. What are your projected Gross Sales/Receipts this policy year? _____
3. Do you sell products under your brand name that are manufactured by others? ☐ Yes ☐ No

Please provide estimated sales for each classification, rounding off to the nearest thousand dollars. If you have no sales for a particular classification, indicate that by writing "NONE" for that classification.

The following items can be deducted from gross sales:

- Sales or excise taxes which are collected and submitted to a governmental division.
- Freight charges, if charged as a separate item on customer invoices.

	Classification		**Estimated Sales/Receipts**
A.	Wholesale or Distributor		
	1. Firearms, Ammunition & Associated Products*		$_____
	2. All Other Products (Describe on Page 5)		$_____
B.	Retail Sales		
	1. Firearms, Ammunition & Associated Products*		$_____
	2. All Other Products (Describe on Page 5)		$_____
C.	Gunsmithing, (including assembly of firearms)		$_____
D.	Manufacturing of Reloaded Ammunition		$_____
E.	Manufacturing of New Ammunition (including imported ammo)		$_____
F.	Bullet Manufacturing		$_____
G.	Firearms Instruction	(# of W2 Instructors _____)	$_____
H.	Ranges/Club (Indoor)	(# of lanes _____)	$_____
	Ranges/Club (Outdoor)	(# of fields _____)	$_____
I.	Skeet, Trap & Sporting Clays	(# of fields _____)	$_____
J.	Archery Range (Indoor)		$_____
	Archery Range (Outdoor)		$_____
K.	Custom Stocker		$_____
L.	Custom Barrel Maker		$_____
M.	Accessory Manufacturing		$_____
N.	Gun Part Manufacturing		$_____
O.	Firearms and/or serialized Parts Manufacturing		$_____
TOTAL ESTIMATED SALES/RECEIPTS			
NOTE: Total Sales/Receipt should equal your projected Gross Sales/Receipts.			$_____

- **Submit a detailed narrative of products manufactured together with literature and brochures, sample of packaging, instructions and warnings, and price list.**

All Other Products Checklist:

Please check those products below which are presently held for sale. Also, if certain products were sold in the past, but have since been discontinued, please indicate.

- ☐ Archery Equipment
- ☐ Automobile Parts and Accessories
- ☐ Bicycles
- ☐ Chainsaws
- ☐ Gymnastics Equipment
- ☐ Liquor, Wine or Beer
- ☐ Paint Ball Equipment
- ☐ Scuba or Skin Diving Equipment
- ☐ Tree Stands, Tree Steps or similar devices
- ☐ ATV or Other Recreational Vehicles
- ☐ Baseball, Hockey or Football Equipment
- ☐ Boats, Wave Runners or Jet Skis
- ☐ Farm Machinery or Equipment
- ☐ Ice or Inline Skates
- ☐ Martial Art Supplies
- ☐ Police Protective Equipment or Bullet Proof Vests
- ☐ Skiing Equipment
- ☐ Weight Training and Exercise Equipment
- ☐ Fuel Oils, Kerosene, Propane Gas **(Indicate if you refill tanks)**
- ☐ Gas Stoves (Portable Type), Kerosene or Electric Stove or Space Heater

Other products sold not listed above; please describe:

_____

_____

_____

_____

_____

Licensing:

1. **Please submit copies of ALL Federal Firearms Licenses.**
2. **Please submit copies of ALL state or local license.**
3. What was the date of your last ATF inspection? _____
4. If any violations were cited, how were they resolved? _____

_____

_____

- **Please provide photos of exterior and interior of premises.**

Products (Please Provide Brochures):

1. Indicate suppliers of products you purchase for resale:

   ☐ U.S. manufacturer, distributor or wholesaler

   ☐ Direct purchase from a foreign manufacturer or distributor. Country(s) of origin: _____

   ☐ Trade-Ins or Trade Shows/Gun Shows

   ☐ Other _____

   Have you ever directly imported firearms or ammunition from a foreign country? ☐ Yes ☐ No.

   Have you ever directly imported any other products from a foreign country? ☐ Yes ☐ No. Please describe

   _____

   _____

2. If you are a direct importer, are you named on the foreign manufacturer's liability insurance policy as an Additional Insured? ☐ Yes ☐ No. If yes, provide a copy of the policy or a certificate of insurance including you as an Additional Insured and limits in US Dollars.

3. If you are a wholesaler or distributor, are you named as Additional Insured on the manufacturer or importer's Products Liability Insurance policy? ☐ Yes ☐ No. If yes, provide Certificate of Insurance.

   Do you obtain updated Certificates of Insurance on an annual basis? ☐ Yes ☐ No

4. Do you sell by mail order? ☐ Yes ☐ No Do you sell over the internet? ☐ Yes ☐ No

   If yes, describe all products sold or provide us with your catalogue, advertisement and your internet address: _____

   _____

Ammunition/Powder:

1. How much Black Powder do you display? _____lbs.

   Describe how you store your stock of Black Powder that is not displayed? (Including types of magazines and/or containers) NOTE: Safes are not acceptable. _____

2. How much Smokeless Powder do you display? _____lbs.

   How do you store the remainder of Smokeless Powder that is not displayed? _____

   _____

   Has your local Fire Department approved your storage of Black and/or Smokeless Powder? Yes ☐ No ☐

   If no, why? _____

NOTE: In accordance with the National Fire Protection Association rule 495, a commercial establishment should not display more than 1 lb. of black powder and/or 100 lbs. or smokeless powder. The balance of black powder must be stored in an approved magazine. Storage of smokeless powder should not exceed more than 100 lbs. indoors and up to 800 lbs. in an approved outdoor magazine.

Staff Training:

1. Number of employees including owners. _____
2. What is your projected payroll this policy year? $_____
3. Do you conduct background checks on new employees? ☐ Yes ☐ No
4. Describe employee training and orientation: _____

   _____
5. Have you and your employees been trained in the detection of Straw Sales (Don't Lie for the Other Guy)? ☐ Yes ☐ No
6. Have you and your employees read and understand form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder? ☐ Yes ☐ No. If no, it is imperative that you and your employees do so.
7. List specific training seminars that you and your employees attend _____

   _____

Prior Insurance:

1. Has coverage been canceled or non-renewed within the past three years? (**MISSOURI APPLICANTS NEED NOT RESPOND)**

   Reason: _____

   _____
2. Policy premiums and losses for the previous five years.

	Premium	**Losses**	**Insurance Company**
Current Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

1. **Applicant has had no prior coverage.** ☐ Signature: _____
3. Applicant is not aware of any losses in the past 5 years: Confirm ☐ signature _____
4. Provide details of all losses over $5,000.00: _____

   _____

   _____

   _____

- **Please provide currently valued loss runs for the past five (5) years, if available, or a signed no known loss statement.**

Gunsmith Supplement

Name of Applicant _____

1. Do you use the services of an independent gunsmith? ☐ Yes ☐ No

   If yes, does the gunsmith have liability insurance? ☐ Yes ☐ No

   Complete the following for each employed gunsmith (W2), including you.

Name	**Years Experience**	**Special Training**

2. List the specific services that you perform? _____

3. Do you alter firearms from the original factory specifications? ☐ Yes ☐ No

   If yes, describe _____

Firearms Assembly

1. Do you build or assemble firearms? ☐ Yes ☐ No. If yes, complete the following:
2. Type of firearms & price list: _____
3. Number of units assembled per year? _____
4. Number of actions/receivers supplied by the customer?_____ By you? _____
5. Do you manufacture the receiver? ☐ Yes ☐ No. If no, indicate the actual manufacturer of the receiver? _____
6. Do you pay any Federal Excise Tax? ☐ Yes ☐ No
7. Do you put a serial number on the firearms? ☐ Yes ☐ No
8. Do you obtain the serial number under a variance? ☐ Yes ☐ No Name of company: _____
9. Are the actions/receivers utilized new or used? ☐ New ☐ Used
10. Does your name appear anywhere on the firearm? ☐ Yes ☐ No

    If yes, describe _____
11. Are you familiar with the history of the actions/receivers manufacturer? ☐ Yes ☐ No
12. Are the actions/receivers thoroughly checked prior to assembly? ☐ Yes ☐ No
13. Do you test fire the firearms after assembly? ☐ Yes ☐ No
14. Do you provide an owner's manual, handling or safety instructions? ☐ Yes ☐ No

Please provide the following:

- **Attach a copy of your Service Price list.**
- **Training Certificates for Gunsmiths, if available.**
- **Certificate(s) of Insurance from all independent contractors.**

Ammunition Manufacturing, Importing and Reloading Supplement

Name of Applicant _____

1. What type of ammunition do you manufacture or reload?

   _____

   _____

   _____

2. Do others manufacture ammunition for you? ☐ Yes ☐ No
   a) Do you obtain a certificate of insurance from the manufacturer? ☐ Yes ☐ No
   b) Do you provide the packaging? ☐ Yes ☐ No
   c) Does your name appear on the packaging? ☐ Yes ☐ No
3. Is all ammunition newly manufactured? ☐ Yes ☐ No
   a) What are your total sales of reloaded ammunition? $_____
   b) What are your total sales of new ammunition? $_____
4. Describe your testing procedure include details of equipment used and how records are kept. _____

   _____

   _____

5. Check the method used to identify each production run:
   ☐ Lot # ☐ Production Date ☐ Other Explain _____

   _____

   _____

6. What steps are taken if you receive a product complaint? _____

   _____

   _____

7. What corrective measures would be taken to prevent reoccurrence of product failure? _____

   _____

8. Describe storage of primers and powders including amount stored: _____

   _____

9. If you manufacture bullets, describe the placement of the furnace used to melt the lead and how the area is ventilated.

   _____

   _____

- **Please provide a sample of packaging/warning label**

Range Supplement

Name of applicant: _____

1. Location of range: _____

   Type of range: ☐ Indoor ☐ Outdoor - ☐ Pistol ☐ Rifle ☐ Air Gun ☐ Trap, Skeet or Sporting Clay ☐ Archery ☐ Simulation ☐ Machine Gun ☐ Paint Ball

2. Is the range open to: ☐ Public ☐ Club Members ☐ Law Enforcement

3. Shooting Club – Number of Members: _____

Indoor Range:

1. Manufacture of Range: ☐ Caswell/Detroit ☐ Unysis ☐ Action Target ☐ Savage ☐ Meggitt ☐ Shooting Range International ☐ Other

   If other, what specifications were used? _____

   _____

2. Number of lanes: _____
3. What is the construction of the building? _____
4. Describe the ventilation system. _____
5. Describe the backstop. _____
6. Describe the partitions between firing points. _____
7. How do you dispose of the spent brass and lead? _____

   _____

8. Describe your range maintenance program, including range maintenance log, the procedure for cleaning the range floor, walls, ventilation system, and filtration system, describe the protective clothing worn, equipment used and protection of maintenance personnel, such as blood tests. _____

   _____

   _____

Outdoor Ranges/ Outdoor, Skeet or Trap Ranges:

1. Number of fields: 25 Yard Rifle _____ 25 Yard Pistol _____ 50 Yard Rifle _____ 50 Yard Pistol
   75 Yard Rifle _____ 75 Yard Pistol _____ 100 Yard Rifle _____ 100 Yard Pistol
   Other _____ Other _____ Other _____
2. Are there warning signs posted around the facility indicating "NO TRESPASSING" and "LIVE FIRE"? ☐ Yes ☐ No
3. Describe the impact area: _____
4. If this is a hunting preserve, what is the total acreage: _____

Range Safety and Protection:

1. Describe safety requirements, rules and procedures at your range. Include a photograph of posted range regulations and safety rules.

   _____

   _____

2. Is the Rangemaster or range safety officer present on the firing line when the range is operating? ☐ Yes ☐ No
   If no, how does he control the firing line? _____

   _____

3. What is the minimum age allowed to use the range? _____ Are minors supervised? ☐ Yes ☐ No
4. Do you retain signed waivers containing hold harmless wording for at least two years? ☐ Yes ☐ No How are they are retained and for how long?_____
5. Do you prohibit tracer, armor piercing, incendiary, and all other ammunition containing steel? ☐ Yes ☐ No
6. Do you provide eye and hearing protection devices to those customers who do not have their own? ☐ Yes ☐ No
7. Do you provide firearms training or instruction? ☐ Yes ☐ No If yes, please complete the FIREARMS INSTRUCTORS SUPPLEMENT for each instructor.
8. If the instructors are not your employees, do your secure certificates of insurance from them? ☐ Yes ☐ No
   If yes, are you named as an Additional Insured on their insurance policy? ☐ Yes ☐ No
9. Are all instructors NRA certified? ☐ Yes ☐ No. If no, how are they certified? _____

   _____
10. Do you rent firearms at your range? ☐ Yes ☐ No
11. Do you determine renter's experience by requiring them to complete and sign a Firearms Experience Questionnaire?
    ☐ Yes ☐ No If yes, attach a copy. If no, it must be implemented into your procedures. A sample is available upon request.
12. Which of the following forms of identification do you require from customers wishing to rent guns?
    ☐ Picture Driver's License ☐ Social Security Card ☐ Firearms Safety ID Card ☐ NRA ID Card
    ☐ School/Employment ID Card ☐ Firearms ID Card ☐ Hunters Safety Card
13. Is there a separate area for spectators? ☐ Yes ☐ No If yes, please describe the spectator area: _____

    _____
14. Are First-Aid supplies available? ☐ Yes ☐ No
15. Are emergency telephone numbers (Police & Ambulance) prominently displayed? ☐ Yes ☐ No
16. Club House Facilities:
    Do you serve or sell liquor? ☐ Yes ☐ No
    Do you serve or sell food? ☐ Yes ☐ No Do you prepare and/or fry food? ☐ Yes ☐ No
    Do you rent the clubhouse for private functions to: ☐ Members ☐ Non-Members?
    Examples: Parties, Special Events or Meetings (Provide details on a separate sheet of paper)
    Do you host shooting events? ☐ Yes ☐ No If yes, how many per year? _____

Please provide the following:

- **Copy of posted range rules**
- **Copy of waiver signed by customers at the range**
- **Copy of Emergency procedures**
- **Copy of Firearms Experience Questionnaire**

APPLICATION FOR EMPLOYED FIREARMS INSTRUCTORS SUPPLEMENT LIABILITY INSURANCE

A SEPARATE APPLICATION IS REQUIRED FOR EACH INSTRUCTOR TO BE COVERED UNDER A PARTNERSHIP OR CORPORATE POLICY.

1. Name of Instructor: _____

2. Indicate the organizations in which you hold membership: ☐NRA ☐NAFLFD ☐NSSF ☐NASGD ☐IALEFI ☐Other

3. Do you have a Federal Firearms License? _____ ☐ Yes ☐ No If yes, provide a copy.

Type: _____ Expiration Date: ____/____/____

THE INSURANCE COVERAGE PROVIDED BY THE INSURANCE POLICY IS LIMITED TO LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE CLAIMS ARISING OUT OF YOUR OCCUPATION AS A FIREARMS INSTRUCTOR.

4. If firearms instruction is not your primary occupation, please indicate your primary occupation: _____

5. Check all instructional courses which you provide:

☐ Hunter Safety Program
☐ Home or Personal Protection Program
☐ Security Training
☐ Other, please describe
☐ Youth Gun Safety Program
☐ Police or Law Enforcement Program
☐ First Aid/CPR
☐ Concealed Carry Firearms

_____

_____

6. Are you an NRA Certified Instructor? ☐ Yes ☐ No Attach copy of current ID card

7. Indicate which of the following courses you have completed:

Course	Date Completed	Certifying Agency
NRA Basic Firearms Training Program	____/____/____	NRA
NRS Instructor Training Program	____/____/____	NRA
NRA Training Counselor Program	____/____/____	NRA
NRA Coach School	____/____/____	NRA
Military Firearms Instructor Course	____/____/____	_____
Law Enforcement Firearms Instruction	____/____/____	_____
Firearms Manufacturer Instruction	____/____/____	_____
State Sponsored Instruction	____/____/____	_____
Describe Other Training Courses Completed:		
_____	____/____/____	_____
_____	____/____/____	_____

8. Describe any other experience or background as a firearms instructor which would help us evaluate this application: _____

_____

_____

9. List the course title and frequency of formal recurrent training or recertification programs you attend: _____

_____

_____

- **ATTACH COPIES OF ALL CURRENT CERTIFICATIONS.**

PROPERTY UNDERWRITING SUPPLEMENT

Please complete one form for each building

Name of applicant: _____

Has coverage been canceled or non-renewed within the past three years? (**MISSOURI APPLICANTS NEED NOT RESPOND)**
Reason: _____

_____

Describe all property losses within the past five years including date of loss, type of loss & amount paid. Indicate what additional safeguard and/or improvements taken to prevent similar losses. Use additional paper if necessary. ___

_____

PREMISES INFORMATION:

Location street address:	
City, State, Zip Code:	
County	(USA)

Is the building a commercial Building? ☐ Yes ☐ No Personal Dwelling: ☐ Yes ☐ No

Is the building free standing: ☐ Yes ☐ No Are you the : ☐ Owner ☐ Tenant

Are there any other tenants in buildings? ☐ Yes ☐ No If yes, please identify tenant(s) and Operation(s):

_____

_____

Neighboring occupancies and distance: Left: _____

Right: _____ Rear: _____

Are there crash bars in front of doors and windows? ☐ Yes ☐ No

Are there roll down metal shutters in front of doors and windows? ☐ Yes ☐ No

Are there concrete barriers in front of building as preventative measures against crash & run claims? ☐ Yes ☐ No

Construction material of building:

☐ Wood/Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible ☐ Metal/ Non Combustible ☐ Fire Resistive

Age of building _____ Number of Floors _____

Total Building Square Footage_____ Total Square Footage you occupy _____

Year of last upgrades to building:

Plumbing _____ Roof _____

Electrical _____ Roofing Material: ☐ Metal ☐ Asphalt ☐ Tar ☐ Other _____

Name and address of Mortgage Holder	**Name and address of Loss Payee/ Lender Loss Payee**
	Insurable Interest:
Account #	**Account #**

Burglary Alarm Information (check all that apply):

- ☐ Central Station Burglar Alarm
- ☐ Police Dept. Connection Burglar Alarm
- ☐ Local Burglar Alarm
- ☐ Cell Phone Back-up
- ☐ UL Certified
- ☐ None

Fire Protection Information (check all that apply):

☐ Fire Alarm ☐ Battery Back up
☐ Smoke / Heat Detectors ☐ Fire Extinguishers Date of last inspection: _____
☐ Sprinkler system ☐ Full ☐ Partial - If partial, what area is covered? _____
Is there a sprinkler maintenance contract? ☐ Yes ☐ No Date of last sprinkler test: _____
Number of fire hydrants: 300 ft: _____ 1000 ft: _____
If no fire hydrants describe the water source in the area: _____
Distance to Fire Department: _____ miles ☐ Paid or ☐ Volunteer

LIMITS OF INSURANCE **Provide the total values at 100% replacement cost.**
Cost to replace new, with materials of like quality and kind, NOT MARKET VALUE

Building	**$**

Business Personal Property	Values	For Each Category Describe Storage and How Secured
Long Guns	$	
Hand guns	$	
Gun Parts	$	
Ammunition	$	
Powder	$	
All Other Inventory	$	
Machinery/Equipment	$	
Range Equipment (if applicable)	$	
Furniture/Fixtures	$	
Tenants' Improvements & Betterments	$	
TOTAL Limit of Business Personal Property	**$**	
Are all handguns locked in a safe during closing hours? ☐ Yes ☐ No		
If no, describe additional safeguards taken against smash & grab losses.		

Personal Property of Others	**$**
Personal Property of Others is Personal Property in your Care, Custody & Control. (i.e. Guns left for repair or storage). This coverage is not automatically included in "Business Personal Property."	
Business Income Incl. Extra Expense	**$**
Business Income equals: (Net Profit + Continuing & Extra Expenses). Completed Business Income worksheets are required for limits over $750,000	
Sign(s)	**$**
On a separate sheet of paper, please provide a full description, pictures, and invoice for each sign. Indicate if the signis free standing or attached to the building. ☐ within 100 ft ☐ withing 1000 ft	

FRAUD WARNINGS
(Last updated 10/21)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO **ALABAMA** APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO **ARKANSAS**, **LOUISIANA**, **RHODE ISLAND, AND WEST VIRGINIA** APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO **CALIFORNIA** APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO **COLORADO** APPLICANTS: 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.

NOTICE TO **DISTRICT OF COLUMBIA** APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO **FLORIDA** APPLICANTS: 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.

NOTICE TO **KANSAS** APPLICANTS: 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 THAT 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.

NOTICE TO **KENTUCKY** APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO **MAINE** APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO **MARYLAND** APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO **MINNESOTA** APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO **NEW JERSEY** APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO **NEW MEXICO** APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO **NEW YORK** APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO **OHIO** APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO **OKLAHOMA** APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO **OREGON** APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO **PENNSYLVANIA** APPLICANTS: 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.

NOTICE TO **TENNESSEE**, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO **VERMONT** APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I/WE UNDERSTAND THAT THIS APPLICATION FORMS THE BASIS OF ACCEPTANCE BY THE COMPANY AND THAT THE ABOVE STATEMENTS ARE TRUE, AS OF THIS DATE. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THIS INSURANCE.

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.

SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO ACCEPT INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

If you agree to purchase and the company agrees to provide coverage, such coverage will be bound subject to satisfactory inspection. In the event of an unsatisfactory inspection, the company will issue a Notice of Cancellation providing you with 30 days (or the minimum allowed by law in your state, whichever is greater) to replace coverage.

NOTE: This application is for informational purposes only. The exact coverage provided is subject to the terms, conditions and exclusions of the policies as issued.

Print Name of Applicant: _____

Title: _____

Signature of Applicant: _____

Date: _____

Print Name of Agent/Broker: _____

Signature of Agent/Broker: _____

License #: _____

Date: _____

2023 PROUD MEMBER NSSF The Firearm Industry Trade Association

NASGW National Association of Sporting Goods Wholesalers