



Shooting Range Supplemental Application

Named Insured	
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Number of rifles		Number of muzzle loaders	
Number of shotguns		Number of handguns	
Estimated gross revenues		Gunsmith services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent gunsmith used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does gunsmith have liability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry black powder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of black powder inventory	
Do you have written rules prominently displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide rental or loaner firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is membership required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Required to signed liability waivers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a public address system that shooters can hear	<input type="checkbox"/> Yes <input type="checkbox"/> No	First aid kits located on each range	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ear and eye protection mandatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an outdoor range	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number lanes/ Station		Maximum distance shot	
Are shooter-owned firearms inspected at check in			<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain who inspects shooter-owned firearms

Are all firearms purchased from U.S. manufacturers or distributors If no, please explain below in remarks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is storage of black powder in compliance with applicable federal, state and local regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the range in compliance with any recognized standards (i.e. NRA, NFAA, IBO, NSSF, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an age restriction. If so, please describe below in remarks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is questionnaire used to obtain shooter's name, age, health and experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide lessons (If so, please explain qualifications of instructors below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there written safety policies, procedures or rules for staff / employees and or shooters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any tournaments or "spectator special events" be held (If so, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of employees with medical first-aid certification		

Remarks and additional information