

ATA

Endorsed

General Liability Insurance



Sportsman's Insurance Agency has partnered with the ATA for over two decades to offer the nation's finest insurance programs for gun clubs.



We invite you to check out our ATA General Liability Insurance program administered by Sportsman's.

Sportsman's offers the following insurance programs that are endorsed by the ATA

- ▶ *General Liability*
- ▶ *Inland Marine*
- ▶ *Commercial Property*
- ▶ *Worker's Compensation*
- ▶ *Directors and Officers*



What hundreds of gun clubs already know:

- ▶ *Nation's largest insurer of gun clubs*
- ▶ *Over 20 years experience with ATA clubs*
- ▶ *No rate increase for last 15 years*
- ▶ *Sportsman's only business is insuring guns and gun clubs*
- ▶ *Sportsman's staff is always available to work with your officers and directors to design an insurance program that is right for your club*
- ▶ *Claims process followed through to resolution by Sportsman's agents.*



Sportsman's Insurance Agency, Inc

ATAAPP0913

Sportsman's Insurance Agency, Inc.
1364 North US 1, Suite 503
Ormond Beach FL 32174

Phone: 800 925-7767
Fax: 386 677-3292
Website: www.siai.net
Email: chuck@siai.net
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Affordable Club & Range Liability Insurance

The Amateur Trapshooting Association is pleased to offer our trapshooting clubs this important benefit - Gun Club Liability Insurance.

This insurance has been designed specifically for shooting clubs that hold registered shoots. Our administrator, Sportsman's Insurance Agency, is the nation's leader in providing gun club insurance and is available to answer all of your insurance questions.

Our program was designed by prominent shotgun shooters to provide affordable insurance coverage for gun clubs. The founder of Sportsman's Insurance Agency is Hollis Boss, a former president of the NSSA.

Coverage Available

Liability Limits are \$1,000,000 per occurrence with no general aggregate and no deductible. Coverage for products and completed operations for pro shops and restaurants is included.

Additional Insureds such as landlords, townships or counties can be added to your coverage at no extra charge. And, our policy includes Members and Board Members as Additional Insureds at no charge. Many gun club liability policies do not include this valuable coverage.

Optional liability coverages for Liquor Law, Excess, and Hired and Non-Owned Automobile are available for an additional premium.

In addition, Inland Marine, Commercial Property, Directors and Officers and Worker's Compensation coverages are available. Please indicate your interest in these additional coverages on your application.

Who is Eligible?

This insurance is available to all clubs, whether private or open to the public, that conduct registered ATA events..

Underwriting

Sportsman's Insurance Agency provides clubs with General Liability Insurance placed through T.H.E. Insurance Co., Inc. in Treasure Island FL, an A.M. Best "A-" rated company.

Premiums

Premiums are based on the club's annual gross revenue. Membership dues are not included in premium calculations unless the dues include a specific benefit such as rounds of trap, sporting clays, or skeet. The minimum premium is \$550.

How to Secure a Quote

An application form is attached to this brochure. You may mail, fax, or email your completed application to Sportsman's Insurance Agency.

Fax: 386 677-3292

Email: chuck@siai.net

Mail: Sportsman's Insurance Agency, Inc.
1364 North US 1, Suite 503
Ormond Beach FL 32174

They will provide you with a quote within two business days. Your coverage can begin as early as the day after they receive your premium payment.

Sportsman's only business is insuring gun owners and gun clubs. They will work with your club to offer better coverage at a lower rate while providing superior service. Call today to see what they can do for you.

We believe this is the finest gun club liability insurance available. If you have questions or require additional information, please contact Sportsman's at 800 925-7767.



Visit our website at
www.siai.net

This brochure is for illustration purposes only and is not a contract of insurance. You must refer to the policy for complete information on policy coverages, limits, and exclusions.

**Affordable
Gun Club
General Liability
Insurance**



**Made available
By ATA
Through:**



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**ATA GUN CLUB LIABILITY
APPLICATION**
ATA Sponsored Insurance Program
Written Through T.H.E. Insurance Company



Section A: ATA Member Club General Information,

Name of Club: _____

Contact for Insurance: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical location of club if not the same as mailing: _____

Daytime Phone: _____ Evening Phone: _____ Club Phone: _____

Fax: _____ E-Mail: _____ Website: _____

Conduct Registered ATA Events

Section B: Club Information: Please answer all questions. If not applicable, use "N/A"

1. Years at this location: _____ Years in Business: _____ Clubhouse area in sq. ft: _____
2. Number of acres owned by club: _____ Number of acres leased by club: _____
3. Number of club members: _____ Is your facility open to anyone other than club members? Yes No
4. Number of employees, including trap persons: _____ Emergency/Medical response time is: _____ minutes
5. 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
6. 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
7. 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
8. 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.
9. Please describe all other instances where alcohol is consumed on club property or during club events: _____

10. Do you rent to or allow use of your clubhouse, pavilion, picnic areas, etc. by members or non-members for non-gun club activities? Yes No
 - If yes, please describe: _____
11. 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
12. Do you conduct any events involving automatic weapons or automatic weapon demonstrations? Yes No
 - If yes, please attach a full description of these events.
13. Do you carry Workers Compensation insurance? Yes No
 - If yes, name of insurance company: _____
14. Do you sponsor or host any non-shooting events? Yes No
 - If yes, please attach a written explanation.
15. 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? _____
16. Do you lease to others any land/property you own or lease? Yes No
 - If yes, please explain: (Example: Farming, cell towers, hunting lease): _____

17. 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
18. Do you rent guns? Yes No
 - If yes, do you allow the use of reloads in them? **If yes, ineligible for this program.** Yes No
19. 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
20. Are you in compliance with all state and ATF codes regarding commerce in firearms and ammunition? Yes No

Section C: Operations

Please provide the number for each item listed:

1. Sporting Clays Fields		6. Archery Ranges	
2. Trap Fields only		7. Swimming Pools	
3. Skeet Fields only		8. Restaurant	
4. Trap/Skeet Fields Combined		9. Snack Bar	
5. Rifle/Pistol Ranges		10. *Boats	

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

- Note: Count boats owned by the club that are used by members and or guests.
No coverage for boats exceeding 25HP or 26 foot.

Section D: Exposures

Your premium is based on your estimated annual gross revenues for a twelve month period commencing with the effective date you have requested on this application. Since the rates vary for each classification, it is necessary for you to insert your estimated annual gross revenues for each classification. If none, enter zero. There should be no blank spaces under gross revenues.

Operations

1. Alcoholic Beverage Sales
2. Ammo Sales (*Coverage excluded for sale of reloads*)
3. Animal Boarding or Training
4. Archery
5. Big Game Hunting (*Deer, Boar, Elk, Bear*)
6. Bird Hunting Facilities/Preserves
7. Camping or RV Facilities
8. Cart or Gun Rental
9. Clubhouse Rental (*Not eligible for coverage if alcohol is allowed*)
10. Cowboy Action Shoots or Paint Ball Operations
11. Entry Fees/Registered Shoots (*excluding purse, optional, daily fees*)
12. Fishing
13. Gunsmithing or income from other related services
14. Instruction (*income from shooting instruction*)
15. Lodging not in conjunction with hunting
16. Membership Dues (*Membership dues only. Exclude specific benefits included in membership dues and list on appropriate line. i.e. rounds of skeet, trap or sporting clays should appear on line 21*)
17. Pro Shop (*hats, jackets, hearing protection, etc.*)
18. Restaurant/Snack Bar
19. Rifle and Pistol Range Fees
20. Sales of New/Used Firearms
21. Trap/Skeet/Sporting Clays Target Sales
22. Other _____
23. Other _____

Annual Gross Revenues

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____

Total Gross Revenues \$ _____

Section E: Landowner Information

Please provide Landowner information, if any.

Entity Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Please check one:

Proof of coverage Additional Insured Land Owner Certificate

Entity Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Please check one:

Proof of coverage Additional Insured Land Owner Certificate

Please attach an additional page if more space is required.

Section F: Additional Coverages

Listed below are additional coverages you may want to add for an additional premium

To purchase this valuable coverage check the yes box.

Hired & Non-Owned Automobile Coverage - This coverage protects the named insured to the extent of liability imposed by law and within the policy limits against claims for accidents due to club members, employees, partners or other agents operating their own automobiles in the course of the club's business. The annual additional premium for a \$1,000,000 limit of liability is \$185.00. Note: If your business currently has Owned Automobile coverage, the Hired & Non-Owned Automobile coverage is not available under our policy as it should be included on your business auto policy. No coverage provided for uninsured and underinsured motorists.

Yes **\$185.00**

Liquor Law Legal Liability - This coverage is provided for clubs that have liquor licenses and are serving alcohol to their club members for a fee (selling alcohol.) The limit is \$1,000,000 and the annual premium is \$250.

Yes **\$250.00**

Excess Liability Limits - You can increase your General Liability limits by adding layers of excess coverage in increments of \$1,000,000. You may purchase additional limits to bring the total coverage to \$10,000,000.

Yes # of layers _____

The following optional coverages require separate applications.

Check the boxes below for the optional coverages you are interested in.

- Inland Marine Coverage:** Coverage for target throwing machines and mobile machinery such as tractors utilized to maintain the club premises.
- Property Insurance:** Coverage for damage to the club's buildings and contents due to a covered cause of loss, such as fire.
- Directors and Officers:** Provides protection for your named Directors and Officers from malfeasance claims being made against them for decisions they have made on behalf of the club.
- Worker's Compensation:** Provides coverage for an employee who has suffered an injury or illness resulting from job related duties.

Please provide past three-year information regarding carrier, limits, and losses incurred.

	Carrier Name	Premium	Claim or Loss Information <i>(If none, please state NONE)</i>
Current coverage			
Prior Year			
Second Prior Year			

The effective date of all insurance coverage will be the day following the agency's acceptance of a completed application with all underwriting criteria satisfied and the receipt of the premium payment. Or, you can designate a future starting date.

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I understand that this application and all information supplied is part of the application process and relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the application will become a part of any contract of insurance entered into. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that to the best of my knowledge, all information provided in this application is complete, true and correct. I further warrant that I have made or will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished me.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Date: _____ Authorized Signature: _____ Title: _____