



# NSSA/NSCA Mfg/Retail/Wholesale/Service Application



Name of Business: \_\_\_\_\_ NSSA/NSCA

Member number: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical location of business if not the same as mailing: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address : \_\_\_\_\_

## Please answer all questions. If not applicable, use "N/A"

Years at this location \_\_\_\_\_ Years in Business \_\_\_ Corp. , Partnership , Sole Proprietor

Please list all services you provide or items manufactured to be covered: \_\_\_\_\_

Number of Guns Manufactured by you \_\_\_\_\_ Average price per gun \$ \_\_\_\_\_

List any components manufactured by others you purchase and install in your custom guns? \_\_\_\_\_

Number of Gunsmiths including owner \_\_\_\_\_

Do you do any trigger work?  Yes  No, If yes, what percent of your total business is trigger work \_\_\_\_\_

Do you do any barrel modifications?  Yes  No, If yes, type of modifications are done: \_\_\_\_\_

What percentage of your total business is barrel modification \_\_\_\_\_

Do you have a booth at any major competitions?  Yes  No, If yes, list them: \_\_\_\_\_

Do you have golf carts that you own and bring to major shoots?  Yes  No

Do you sponsor or host events or competitions?  Yes  No. If yes, please explain \_\_\_\_\_

Number of sporting clay/Trap or Skeet fields \_\_\_\_\_ Number of Rifle/Pistol Ranges ? \_\_\_\_\_

Are these used for your use only or by your guests and or members? \_\_\_\_\_

Do you carry Workers' Compensation insurance?  Yes  No If yes, name of insurance co.: \_\_\_\_\_

**Your premium is based on your estimated gross receipts for a twelve month period commencing with the effective date you have requested coverage. Since the rates vary for each classification, it is necessary for your to put a check mark next to each category that applies and insert your estimate of gross annual receipts for each classification. If none enter zero. There should be no blank spaces under gross receipts.**

### Operations

- 1. Gun Case Manufacturing
- 2. Entry Fees/Reg. Shoots(excluding purse, optional, daily fees)
- 3. Trap/Skeet/Sporting Clays Target Sales
- 4. Sales of Used Firearms (Manufactured by others)
- 5. Sale of New Firearms (Manufactured by others)
- (Do you have a Vendors Endorsement from the Manufacturer(s)? If yes attach a copy )
- 6. Ammo Sales (Coverage excluded for reloads)
- 7. Pro Shop, hats, shirts, etc. no guns
- 8. Gunsmithing
- 9. Sale of Guns you Manufacture
- 10. Gun Engraving
- 11. Leather Goods made by you
- 12. Installation of Recoil Reducers/Adj. Comb, etc.
- 13. Choke Tubes Mfg.
- 14. Stockwork
- 15. Rifle & Pistol Ranges
- 16. Other \_\_\_\_\_

### Gross Receipts

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_
- 8.) \_\_\_\_\_
- 9.) \_\_\_\_\_
- 10.) \_\_\_\_\_
- 11.) \_\_\_\_\_
- 12.) \_\_\_\_\_
- 13.) \_\_\_\_\_
- 14.) \_\_\_\_\_
- 15.) \_\_\_\_\_
- 16.) \_\_\_\_\_

Total Gross Receipts

\$ \_\_\_\_\_

Quote # \_\_\_\_\_

**Do you need additional insured land owner certificates of insurance provided to the ATA, NSSA/NSCA and Silver Dollar?** *Circle the ones you need certificates sent to. If you need any in addition to these complete the following:*

Please provide information the address of any additional insured on your policy.

NAME/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

What is their insurable interest? \_\_\_\_\_ Event Dates: \_\_\_\_\_

**Additional Coverages you may want to add for an additional premium**

To purchase this valuable coverage check the yes box and remit the appropriate premium.

**Hired & Non-Owned Automobile Coverage** - This coverage will defend the named insured against any claims brought against the club for property damage or bodily injury done by a vehicle owned by a club member while running errands for the club. The limit is \$1,000,000 and the annual additional premium is \$70 per year to add this valuable coverage to your policy. If you have owned automobiles this coverage is not available. It must be added to your automobile policy  **Yes \$70.00**

**Excess Liability Limits** - You can increase your limits by adding layers of excess coverage in increments of \$1,000,000. Layers up to \$10,000,000 may be purchased. If your estimated receipts are less than \$280,000, the premium for the first layer is \$550. If your estimated receipts exceed this threshold, please contact us for a quote.  **Yes \$550.00**

The Following options require separate applications which can be secured by contacting us.

**Inland Marine Coverage** - coverage for mobile machinery such as tractors. Also provides coverage for target throwing machines. The rate is **\$1.25** per hundred of insured value. All machinery still being manufactured must be insured to manufacturers retail list price. To insure we must have our completed application along with a list of property to be insured including serial numbers and replacement values.

Please provide three-year prior-carrier and loss information. Please provide Carrier, Name and Limits.

*Carrier Name*

*Limits*

Current Coverage \_\_\_\_\_

Prior \_\_\_\_\_

Second Prior \_\_\_\_\_

Any losses incurred?  Yes  No. If yes, please provide loss details

<i>Date of Loss</i>	<i>Loss Details</i>	<i>Open/Closed</i>	<i>Amount Paid</i>

What date would you like coverage to begin \_\_\_\_\_.

**Make Checks payable to: Sportsman's Insurance Agency, Inc.  
1364 N. US 1, Suite 503  
Ormond Beach, FL 32127**

Date: \_\_\_\_\_

Authorized Signature and title: \_\_\_\_\_