

# NSSA/NSCA MANUFACTURING/RETAIL/SERVICE LIABILITY RENEWAL APPLICATION

CERTIFICATE NO                      xxxxxx94                      NSSA/NSCA Member Number: \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

POINT OF CONTACT \_\_\_\_\_ CLUB LOCATION, IF NOT SAME AS MAILING \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**Please answer all questions.  
Incomplete Applications will be returned. If not applicable, use "N/A"**

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

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

**List any components manufactured by other 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 percent of your total business is barrel modifications** \_\_\_\_\_

**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 competitons? 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? Please explain** \_\_\_\_\_

**Do you have employees? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Do you carry Workers' Compensation Insurance? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, name of insurance company** \_\_\_\_\_

Your premium is based on your estimated gross receipts for a 12 month period commencing with the effective date you have requested on your policy or on your renewal date. Since the rates vary for each classification, it is necessary for you insert your estimated gross receipts that applies for each classification. If none, enter zero or n/a. There should be no blank spaces under gross receipts. No coverage is present for operations you conduct but do not complete on this application.

Manufacturing / Retail / Service Operations	Total Gross Receipts
1. Gun Case Manufacturing	1. _____
2. Entry Fees/Reg Shoots (excluding purse, optional, daily fees)	2. _____
3. Trap/Skeet/Shporting Clays Target Sales	3. _____
4. Sales of Used Firearms (Manufactured by others)	4. _____
5. Sales of New Firearms (Manufactured by others)	5. _____
(Attach copy of all Vendors Endorsements from manufacturers)	
6. Ammo Sales (Coverage excluded for reloads)	6. _____
7. Pro Shop (hats, jackets, shirts etc - NO Guns)	7. _____
8. Gunsmithing	8. _____
9. Sale of Guns you manufacture	9. _____
10. Gun Engraving	10. _____
11. Leather goods made by you	11. _____
12. Installation of Recoil Reducers/Adj Comb etc	12. _____
13. Choke Tubes Manufacture	13. _____
14. Stockwork	14. _____
15. Rifle and Pistol Ranges	15. _____
16. Other	16. _____
<b>TOTAL GROSS RECEIPTS</b>	<b>\$</b> _____

**Please answer all questions.  
Incomplete Applications will be returned. If not applicable, use zero or N/A.**

**page two of NSSA/NSCA MANUFACTURING/RETAIL/SERVICE  
LIABILITY RENEWAL APPLICATION for**

Do you need additional insured landowner certificates of insurance provided to any of the following: Please check: ATA \_\_\_\_\_ NSSA/NSCA \_\_\_\_\_ Silver Dollar \_\_\_\_\_

If you need certificates in addition to these, please complete the following:

NAME/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What is their insurable interest? \_\_\_\_\_  
What is the Name of Event? \_\_\_\_\_  
What is the Event date(s)? \_\_\_\_\_

**Additional coverages you may want - Check yes only if coverage is desired**

To purchase this valuable coverage, check the box and remit the premium

**Hired and Non-owned Automobile Coverage** - This coverage will defend the named insured against any claim brought against the club for property damage or bodily injury done by a vehicle owned by a club member while on an errand for the club. The limit is \$1,000,000 and the additional premium is \_\_\_\_\_ per year to add this valuable coverage to your policy. This coverage can only be purchased if the named insured does not own any autos. If the names insured owns autos this coverage should be added to the auto policy. YES \_\_\_\_\_

**Excess Liability Limits** - You can increase your limits by adding layers of excess coverage in increments of \$1,000,000. This increase starts at \$550 for the first layer of \$1,000,000, if gross receipts are less than \$50,000. Additional layers up to \$10,000,000 may be purchased. Premiums for layers after the first excess layer will be quoted by the company.

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

**Inland Marine Coverage** - Coverage for target throwing machines and mobile machinery such as lathes. The rate is \$1.25 per \$100 of insured value. All machinery still being manufactured must be insured to manufacturer's retail list price. To insure we must have our Inland Marine application completed together with a list of the property to be insured including serial numbers and the replacement values.

**We wish to have coverage renewed and placed in effect on the current expiration date. We understand that failure to return this form and premium payment prior to the expiration date, will result in your losing continuous coverage. We further understand that the effective date for coverage for all applications received after the current policy expires, will be at 12:01 am the day following the postmark date of this enrollment form. All questions must be completed.**

**MAKE ALL CHECKS PAYABLE TO: SPORTSMAN'S INSURANCE AGENCY, INC.**

**1450 N. US 1, Suite 500, Ormond Beach, FL 32174**

**If you have any questions, call Heidi at 800-925-7767**

**All coverages will be written through T.H.E. Insurance Company**

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. FURTHER, 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 HEREIN IS COMPLETE, TRUE AND ACCURATE. 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.

**Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_