



NSSA/NSCA & ATA STATE ASSOC. LIABILITY APPLICATION

ATA, NSSA/NSCA Sponsored Insurance Program written
Through T.H.E. Insurance Company



State Assoc.: _____
Person to Contact: _____
Mailing Address: _____
Home Grounds (if applicable): _____
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 _____ Clubhouse area (in square feet) _____
Number State shoots per year: _____ Number of State sanctioned Shoots: _____
Do you provide any of the following: Restaurant Snack Bar Alcoholic Beverages
Do you sponsor or host any non-shooting events? Yes No. If yes, please explain _____

Do you contract with vendors (food and industry related) at State shoots? Yes No. If yes, please confirm that you secure certificates of insurance from them and retain them on file:(mandatory) Yes No.
Number of employees including trap persons: _____ Emergency/medical response time is _____
Do you carry Workers' Compensation insurance? Yes No If yes, name of insurance co.: _____
Are you in compliance with all state and ATF codes regarding commerce in Firearms & Ammunition: Yes No
Do you have a designated Range Safety Officer making rounds while the shoot is going on? Yes No, If no, how do you maintain a safe atmosphere for the event: _____
Do you sublease to others any land/property you own or lease? Yes No, If yes, explain _____
Do you have Golf/Shooting Carts for patron's use or do you allow members to bring their own? Yes No
If yes, confirm that you allow only licensed drivers to use them. (Mandatory) Yes No

Do you allow others to use your premises to instruct for a fee paid directly to them and not the club? Yes No
Your premium is based on your estimated gross receipts for State shoots. Since the rates vary for each classification, it is necessary for you 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. Please be sure to check all operations that your State conducts even if no gross receipts are generated. No coverage is present for items not checked.

Operations

Gross Receipts

- | | |
|--|------------|
| <input type="checkbox"/> 1. Daily Fees and Membership Dues/Renewal Fees | 1.) _____ |
| <input type="checkbox"/> 2. Camping Facilities | 2.) _____ |
| <input type="checkbox"/> 3. Hunting Facilities (<i>Bird, Duck, small game or Big Game</i>) | 3.) _____ |
| <input type="checkbox"/> 4. Alcoholic Beverage Sales | 4.) _____ |
| <input type="checkbox"/> 5. Archery Ranges | 5.) _____ |
| <input type="checkbox"/> 6. Rifle and Pistol Range Fees | 6.) _____ |
| <input type="checkbox"/> 7. Entry Fees/Reg. Shoots all income | 7.) _____ |
| <input type="checkbox"/> 8. Trap/Skeet/Sporting Clays Target Sales(<i>practice rounds</i>) | 8.) _____ |
| <input type="checkbox"/> 9. Restaurant/Snack Bar | 9.) _____ |
| <input type="checkbox"/> 10. Sales of New/Used Firearms | 10.) _____ |
| <input type="checkbox"/> 11. Ammo Sales (<i>Coverage excluded for reloads</i>) | 11.) _____ |
| <input type="checkbox"/> 12. Pro Shop (<i>hats, jackets, hearing protection, etc.</i>) | 12.) _____ |
| <input type="checkbox"/> 13. Gunsmithing or other services | 13.) _____ |
| <input type="checkbox"/> 14. Cowboy Action Shoots or Paint Ball operations | 14.) _____ |
| <input type="checkbox"/> 15. Clubhouse Rental | 15.) _____ |
| <input type="checkbox"/> 16. Instruction (<i>income from shooting instruction</i>) | 16.) _____ |
| <input type="checkbox"/> 17. Other _____ | 17.) _____ |

Total Number of Rifle and Pistol Ranges # _____
Number of Boats you own used by members or guests # _____ (no coverage for boats exceeding 25 HP)
Total Gross Receipts \$ _____ Quote # _____

Please provide Landowner information to be listed as additional insured on your policy.

LANDOWNER NAME/ADDRESS: _____

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.

Liquor Law Legal Liability - This coverage is provided for clubs serving alcohol to their club members for a fee (selling alcohol). The limit is \$1,000,000 and the annual premium is \$250 to add this valuable coverage to your policy. **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. 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 # of layers _____**

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.

Directors and Officers Liability Coverage - This coverage provides protection from monetary claims (not bodily injury or property damage) brought against the club based on decisions made by the directors and officers. Premiums for this claims made coverage begin at \$550 per year with the inception date as your retroactive date.

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

<i>incurred.</i>	<i>Carrier Name</i>	<i>Limits</i>	<i>Losses incurred</i>
Current Coverage	_____	_____	_____
Prior	_____	_____	_____
Second Prior	_____	_____	_____

The Effective date for coverage for all applications received will be at 12:01 a.m. the day following the postmark, or fax receipt date of this application, or a later specified date of _____. All questions must be completed.

**Make Checks payable to: Sportsman's Insurance Agency, Inc.
1450 N. US 1, Suite 500
Ormond Beach, FL 32174 - Phone 800-925-7767**

Ohio
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.

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.

Date: _____

Authorized Signature and title: _____