



**GENERAL QUESTIONS** *continued*

- 8) Are your employees versed in Federal, State and Local laws regarding the distribution of guns, ammunition and gun powder (black and smokeless)?  Yes  No
- 9) Do you or your employees hold any special certifications or training?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- 10) Do you operate any other businesses from this location?  Yes  No  
If Yes, please identify type of business (i.e. Corp., LLC, etc.) and detail the operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) Please describe security procedures, guarding against theft or burglary, are in place to safeguard your product while on premises during business hours, and when closed for business: \_\_\_\_\_  
\_\_\_\_\_

**PRODUCT INFORMATION**

- 1) Are all of your firearms/ammunition purchased from U.S. manufacturers or distributors?  Yes  No  
If No, what percent are imported directly from foreign companies? \_\_\_\_\_ %  
If No, what percent are purchased from foreign wholesalers/distributors? \_\_\_\_\_ %
- 2) Do you import foreign products that go into products you manufacture?  Yes  No  
If Yes, what products? \_\_\_\_\_
- 3) Do you distribute foreign products you directly import?  Yes  No  
If Yes, from what country or countries? \_\_\_\_\_  
If Yes, are you added as an additional insured onto their foreign policy?  Yes  No  
*(Please provide a copy of AI & Certificate of Insurance)*
- 4) Have you discontinued, or are you considering discontinuing any products(s), to be covered by this policy?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- 5) Are you contemplating any new products?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- 6) Do you perform the design work on your own products?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- 7) Are your products subject to independent review, tested by a Universal Laboratory or by in-house design engineers?  
 Yes  No If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
Are written quality control and testing procedures followed?  Yes  No  
How long do you maintain quality control records? \_\_\_\_\_  
Do your records indicate the date and the procedures followed for each product tested?  Yes  No
- 8) Do you sub-contract any of your manufacturing or gunsmith operations?  Yes  No  
If Yes, is there a written contract in place? Has the subcontractor's insurance been verified and are you named as an additional insured?  Yes  No  
If No, please advise: \_\_\_\_\_  
\_\_\_\_\_

**FIREARMS/GUNSMITH OPERATIONS**

- 1) Do you build or assemble firearms?  Yes  No If Yes, # assembled per year: \_\_\_\_\_
- 2) Do you manufacture the receiver?  Yes  No  
If No, whom do you purchase the receiver from? \_\_\_\_\_
- 3) Are the actions/receivers checked thoroughly prior to assembly?  Yes  No Are they new or used?  New  Used
- 4) Do you alter firearms from the original factory specifications?  Yes  No Or Repair only?  Yes  No
- 5) Do you test fire the firearms after assembly?  Yes  No
- 6) Do you put a serial number on the firearms?  Yes  No
- 7) Does your name appear anywhere on the firearm?  Yes  No Please advise where: \_\_\_\_\_
- 8) Do you provide a written owner's manual, warning and safety instruction with each firearm?  Yes  No
- 9) Do you assemble or manufacture to the specifications of your customers?  Yes  No  
If Yes, do you require they test the product upon receipt?  Yes  No

**FIREARMS/GUNSMITH OPERATIONS** *continued*

- 10) Please advise how long guns (rifles, shotguns, etc.) are secured during business hours to prevent theft: \_\_\_\_\_  
After Hours: \_\_\_\_\_
- 11) Please advise how handguns are secured during business hours to prevent theft: \_\_\_\_\_  
After Hours: \_\_\_\_\_

**AMMUNITION MANUFACTURING (NEW/RELOADING) OPERATIONS**

- 1) Do you manufacture or reload ammunitions?  Manufacturer  Reload  Both
- 2) Please provide details on any formal training (i.e. NRA Course Completion and Certification): \_\_\_\_\_  
*Please attach a copy of the certification*
- 3) Do you utilize a reloading reference manual?  Yes  No  
If Yes, please provide Name & Edition Date: \_\_\_\_\_
- 4) Do you identify your product on the packaging?  Yes  No  
*If Yes, please provide copy of packaging with instructions and warning labels.*
- 5) Do you put a serial number or print identified on your packaging that identifies your product?  Yes  No
- 6) Are the casings utilized:  New  Used Are casings Brass, Lead or Other (i.e. Aluminum): \_\_\_\_\_
- 7) Are quality control measures in place to check individual product runs?  Yes  No  
If yes, please provide details on how results are recorded and kept for reference: \_\_\_\_\_
- 8) Do you randomly test:  Yes  No
- 9) Do you provide a written owner's manual, warning and safe handling instructions?  Yes  No
- 10) If operations are Reloading Ammunition, please identify the equipment used:  
 Shell Holders  Measuring Tools  Meplat Uniforming Equipment  Loading Blocks  Case Preparation  
 Reloading Press  Reloading Dies  Power Handling Equipment  Priming Tools  Case Cleaning  
 Bullet Casting  
Please advise how you check for Gas, Lube & Sizer Dies, To Punches, Cast Moulds, etc.: \_\_\_\_\_
- 11) Do you store or display any black powder, smokeless powder or primers?  Yes  No  
If Yes, how much do you display? \_\_\_\_\_ Lbs.  
If Yes, how do you store the remainder black and/or smokeless powders and primers that are not being displayed?  
If Yes, do you comply with NFPA 495 Storage Procedures?  Yes  No
- 12) Do you have documentation from your local fire department verifying your compliance?  Yes  No  
*If Yes, please provide a copy.*
- 13) Is a casing furnace utilized in your operations?  Yes  No  
If Yes, please advise on the placement of the furnace and how the area is ventilated: \_\_\_\_\_
- 14) Is your production building equipped with a fire sprinkler system?  Yes  No  
What percent of the building is sprinklered? \_\_\_\_\_ %
- 15) Do you have a contract in place for the maintenance of the sprinkler system?  Yes  No
- 16) What are your procedures in the event of a fire? \_\_\_\_\_
- 17) Do you have firewalls in your building(s)?  Yes  No  
If Yes, describe how they separate flammable materials within your operations: \_\_\_\_\_

**RETAIL OPERATIONS**

- 1) Describe gunsmith services offered: \_\_\_\_\_
- 2) Gunsmith No. of Years' Experience: \_\_\_\_\_ Certification (i.e. NRS, Armorer): \_\_\_\_\_
- 3) Do you sell ammunition with your label that is not manufactured by you?  Yes  No  
If Yes, does the manufacturer provide a "Vendors Endorsement" liability insurance with you as an Additional Insured?  Yes  No
- 4) Do you sell at gun shows?  Yes  No If Yes, what percent of your sales are at gun shows? \_\_\_\_\_ %
- 5) Do you sell or provide hand loaded ammunition?  Yes  No

**RETAIL OPERATIONS continued**

- 6) Do you sell Fully Automatic Weapons?  Yes  No *If Yes, please complete the FULLY AUTOMATIC SUPPLEMENTAL SECTION*
- 7) Have employees been trained in the detection of "Straw Sales"?  Yes  No
- 8) Do you participate in Pan and Pawn Shop Operations?  Yes  No *If Yes, what percent of your sales is pawn? \_\_\_\_\_ %*
- 9) Do you sell your products through the internet?  Yes  No  
*If Yes, what is the percentage of total sales? \_\_\_\_\_ %*  
 If yes, do you have procedures in place to address state specific laws/regulations?  Yes  No  
 List all states that you will NOT ship to: \_\_\_\_\_  
 Do you ship to licensed FFL Dealers?  Yes  No  
 If Yes, do you secure and keep a copy of the FFL Dealers License on file?  Yes  No

**RANGE OPERATIONS**

- 1) Do you require any liability waivers to be signed by guests, clients, customers or members?  Yes  No  
*Please provide a copy of the waiver.*
- 2) Do you require a NRA Certified Range Safety Officer or Chief Range Safety Office on premises during shooting hours?  Yes  No
- 3) Is the range in compliance with any recognized standards?  Yes  No  
*If Yes, please list (AAC, NFAA, etc.): \_\_\_\_\_*
- 4) What are the hours of operation: \_\_\_\_\_ Days of the Week: \_\_\_\_\_
- 5) What is the minimum age of an unsupervised shooter? \_\_\_\_\_ Minimum age of a supervised shooter? \_\_\_\_\_
- 6) Is the premises secured and locked when not in operation:  Yes  No
- 7) Is the range visible from the retail section?  Yes  No *Is there a viewing/waiting room on premises?  Yes  No*
- 8) Are range rules and safety guidelines posted in a conspicuous manner? *(Please provide a copy)*  Yes  No
- 9) Are range rules and safety guidelines discussed with the shooter?  Yes  No
- 10) Are shooter owned firearms inspected at check in?  Yes  No *If Yes, by whom? \_\_\_\_\_*
- 11) Are eye and ear protection mandatory?  Yes  No *Are these items offered for rent?  Yes  No*
- 12) Are first aid kits located at each range?  Yes  No
- 13) How many employees have Medic First Aid Certification? \_\_\_\_\_
- 14) What is the maximum distance of your ranges? \_\_\_\_\_
- 15) What kind of backstop or berm is used in your operation? *(please describe in detail)* \_\_\_\_\_
- 
- 16) What kind of ventilation system is used? \_\_\_\_\_
- 17) Do you provide lessons?  Yes  No *If Yes, do you require Professional Liability Insurance?  Yes  No*  
 Are instructors independent contractors?  Yes  No  
 If Yes, do you require Professional Liability and to be named as an Additional Insured on their policy?  Yes  No
- 18) Do you rent any of the following:  Handguns  Semi-Automatic Weapons  Automatic Weapons  
 Rifles  Bows
- 19) What type of identification do you require from the renter? \_\_\_\_\_
- 20) Do you determine the experience of the renter prior to providing the rental?  Yes  No  
*If Yes, please explain how experience is determined: \_\_\_\_\_*
- 21) Do you provide any league or competitive shooting?  Yes  No  
 If Yes, please describe: \_\_\_\_\_  
 If Yes, how often? \_\_\_\_\_
- 22) Do you sell, rent or serve any of the following:  Liquor  Prepared Foods  Catering Services  
 Clubhouse for private functions

**LOSS CONTROL / CLAIMS HANDLING**

- 1) Do you have a written safety program?  Yes  No
- 2) Do you have written product recall procedures?  Yes  No
- 3) Do you have a written procedure for accidents, injuries and/or complaints involving your products?  Yes  No  
*If Yes, do you provide for examining, preserving and storing of the alleged defective product?  Yes  No*  
*If Yes, have you made your distributors or consumers aware of your need to obtain this information?  Yes  No*  
*If Yes, are the results recorded and maintained?  Yes  No *How many years? \_\_\_\_\_**
- 4) Since the inception of your company, have you issued or been notified of, or are you aware of, any defect in any products you sell or intend to sell?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

**LOSS CONTROL / CLAIMS HANDLING** *continued*

- 5) Since the inception of your company, have you issued or been notified of any products recalled?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- 6) Do you offer any warranties on any of your products or do you sell any products that offer warranties?  Yes  No
- 7) Do you offer personal training or instructions in the use of any products?  Yes  No  
If Yes, please explain: \_\_\_\_\_

**FULLY AUTOMATIC WEAPONS**

- 1) Number of fully automatic weapons sold: \_\_\_\_\_ Number of fully automatic weapons on premises: \_\_\_\_\_
- 2) What is the customer base for selling fully automatic weapons? \_\_\_\_\_
- 3) Where and how are the fully automatic weapons stored during business hours? \_\_\_\_\_  
After Business Hours: \_\_\_\_\_
- 4) Estimated revenue from sales of fully automatic weapons: \$ \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

The following items are required as part of a complete application. *Failure to provide the following items may result in delay of receiving a quote, or no quote may be offered at all.*

- All brochures describing any and all services – if not detailed on website
- Product safety manuals, warnings and literature regarding the use and/or maintenance of products
- Copy of current Federal Firearm License (FFL)
- Any and all Liability Waiver/Hold Harmless Agreement you may require, if applicable
- Details of any ATF violations
- For NEW VENTURES
  - Provide resume of experience and details of any certification(s) or specialized training
  - Dated and Signed No Known Loss Letter signed by the Applicant
- Currently valued Loss Runs for the LAST THREE YEARS from your current/previous insurance carrier(s).

# FIREARM INDUSTRY - PROPERTY SUPPLEMENT

COMPLETE FOR EACH BUILDING/LOCATION

Please note: wherever limits of coverage are requested, please provide total values at current Replacement Cost (cost to replace new, with materials of like kind and quality), **NOT MARKET VALUE**

## GENERAL PROPERTY INFORMATION

- 1) Current Property Insurance Carrier & Expiration Date: \_\_\_\_\_
- 2) Coverage cancelled or non-renewed with the past three years?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- 3) Any property losses in the past five years?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- 4) If located in a coastal state, how many miles to nearest body of water? \_\_\_\_\_
- 5) Number of locations to be covered: \_\_\_\_\_  
*If multiple locations, complete additional pages for each location*
- 6) Are all activities and locations in compliance with applicable federal, state and local regulations?  Yes  No

## PREMISES INFORMATION

Location Address: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is building within city limits?  Yes  No Owner or Tenant?  Owner  Tenant

Is the building free standing?  Yes  No Year Built: \_\_\_\_\_

Construction Type:  Wood/Frame  Joisted Masonry  Masonry Non-Combustible  Metal  Fire Resistive  
 Tilt Up Concrete  Modified Fire Resistive

Roof Type: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Total Area You Occupy: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Square Footage Per Floor: \_\_\_\_\_

*If the following have been updated, please provide the year of the update:*

HVAC: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Distance to nearest fire hydrant(s): \_\_\_\_\_ If none, describe nearest water source: \_\_\_\_\_

Distance to nearest fire department: \_\_\_\_\_  Paid  Volunteer

Does your lease require you to insure Improvements & Betterments (from walls in)?  Yes  No

If yes, please provide Total Replacement Cost: \$ \_\_\_\_\_

Do you require Additional Insured Landlord?  Yes  No

Are there any other tenants in the building?  Yes  No

If yes, please identify tenant(s) and operation(s): \_\_\_\_\_

Neighboring Occupancies: Left: \_\_\_\_\_

Right: \_\_\_\_\_ Rear: \_\_\_\_\_

Are there metal bars in front of doors and windows?  Yes  No Crash Barriers in front of building?  Yes  No

Are doors metal, glass or frame? \_\_\_\_\_

Are there roll down metal shutters in front of doors and windows?  Yes  No

Do you have a gun safe?  Yes  No If yes, what is the type, make and model? \_\_\_\_\_

Are all handguns locked in a safe during closing hours?  Yes  No

If No, describe additional safeguards to protect against smash and grab: \_\_\_\_\_

Describe other security protection (i.e. cameras, dead bolts, etc.): \_\_\_\_\_

Is the building equipped with a sprinkler system?  Yes  No If Yes,  Full  Partial

If partial, what area is covered? \_\_\_\_\_

Is there a sprinkler maintenance contract?  Yes  No Date of last sprinkler test: \_\_\_\_\_

**SPRINKLER TEST MUST BE COMPLETED ANNUALLY**

**PREMISES INFORMATION (continued)**

Made and Model of Alarm System: \_\_\_\_\_

Is the alarm:  Burglary  Fire  Smoke/Heat  Other: \_\_\_\_\_

Central Station  Police Department Connection  Local Battery Backup?  Yes  No

Cell Phone Backup?  Yes  No Any smoke detectors?  Yes  No If Yes,  Battery  Hardwired

UL Certified?  Yes  No *If yes, attach a copy of UL Certificate*

Alarm system installed and serviced by: \_\_\_\_\_

Have fire extinguishers been inspected and tagged within the last year?  Yes  No

Name and Address of Mortgagee: \_\_\_\_\_

Name and Address of Loss Payee: \_\_\_\_\_

Amount of Coverage requested: (FULL 100% REPLACEMENT COST)

Building: \$ \_\_\_\_\_ Desired Deductible: \$ \_\_\_\_\_

Business Personal Property Consists of:

	Values	Describe Storage and Security
Long Guns	\$ _____	_____
Hand Guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery / Equipment	\$ _____	_____
Furniture / Fixtures	\$ _____	_____
Stock	\$ _____	_____
Finished Goods	\$ _____	_____

Total value held for sale (NOT) Retail Value: \$ \_\_\_\_\_

Total Business Personal Property Limit: \$ \_\_\_\_\_ Desired Deductible: \$ \_\_\_\_\_

Signs – Attached \$ \_\_\_\_\_ Signs – Detached \$ \_\_\_\_\_

Personal Property of Others: \$ \_\_\_\_\_

*Personal Property of Others is Personal Property in your Care, Custody or Control (i.e. Guns left for repair).*

Business Income\*: \$ \_\_\_\_\_

*\*Business Income equals Annual Gross Sales Less Cost of Goods Sold and Expenses that do not continue while your business is closed due to a covered loss (Net Profit + Continuing Expenses)*

Do you attend Gun Shows?  Yes  No Percent of Sales from Gun Shows: \_\_\_\_\_ %

How much property in transit coverage do you need? \$ \_\_\_\_\_

How much inventory / business personal property will you have on site at a gun show? \$ \_\_\_\_\_

Do you have any knowledge of any incident that may lead to a property claim?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you had any claims in the last 5 years?  Yes  No

If yes, please provide details below:

Date	Description of Incident	Amount Paid / Reserved
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ADDITIONAL COMMENTS

**IMPORTANT NOTICE**

Completion and submission of this application does not guarantee or bind coverage. Coverage can only be bound subject to underwriting review, approval and payment of premiums due at time of binding.

By submitting this application, the applicant affirms that the information contained herein is accurate and truthful. Any attempt to provide information that is known to be false, untruthful or fraudulent may result in denial of coverage, or cancellation of coverage.

Please contact Beehive Insurance with any questions.