



ARCHERY RANGES APPLICATION

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GENERAL INFORMATION

Date of survey: Renewal Date: Date proposal needed:
Legal Name of Organization: (Include all organizations that are to be included as insureds) FEIN:
Mailing Address: County:
Location Address: County:
Telephone: E-Mail Address:
Contact Name: Contact Title:

INSURANCE AGENT INFORMATION

Agent's Name:
Name of Agency:
Address:
Agency telephone: Agency e-mail address:
Do you currently write this account? [ ] Yes [ ] No
If yes, for how long? Carrier Name?
Is the account Sub-Brokered [ ] Yes [ ] No
If yes, please indicate Agency Name?

BUSINESS INFORMATION

Which best describes your business (please check one):
[ ] Archery Club [ ] Retail Archery Equip Sales [ ] Public Use Archery Range [ ] Other
Description of organization:
[ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] Other
Years in operation under current ownership: (Minimum Requirement: 3 Years in Operation)
Is your business currently up for sale? [ ] Yes [ ] No
Has your business filed for bankruptcy and/or been in receivership within the last 3 years? [ ] Yes [ ] No
Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (N/A in Missouri) [ ] Yes [ ] No
If yes, please provide dates, coverage and explanation:
Are you a member of any state or regional association or franchise? [ ] Yes [ ] No
If yes, please list:

## CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate

\$300,000/\$600,000       \$500,000/\$1 million       \$1 million/\$2 million       \$1 million/\$3 million

Damage to Rented Premises       \$100,000

Employee Benefits Liability\*\* (claims made only)

\$300,000/\$600,000       \$500,000/\$1 million       \$1 million/\$2 million       \$1 million/\$3 million

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

**\*\*Employee Benefits Liability not available in MT, NY and TX**

## REVENUE AND ACTIVITIES

Prior 12 month's actual total receipts: \$ \_\_\_\_\_

Next 12 month's estimated total receipts: \$ \_\_\_\_\_

Please provide a breakdown of annual receipts:

Ranges: \_\_\_\_\_ Retail: \_\_\_\_\_ Special Events: \_\_\_\_\_ Other: \_\_\_\_\_

If any tournaments or "Spectator Special Events" are planned this year please describe: \_\_\_\_\_

Do you sell alcohol at any of these functions?  Yes  No

If yes, please complete the Liquor Supplement

Are any services provided by subcontractors or concessionaires?  Yes  No

If yes, for what purpose? \_\_\_\_\_

If yes, do you obtain a certificate of liability insurance?  Yes  No

## HIRED AND NON-OWNED AUTO LIABILITY

N/A

Do you have any business owned autos?  Yes  No

Do any of your employees utilize their own vehicles in transport of guests?  Yes  No

Do any of your employees utilize their own vehicles for any other business related activities?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Do you verify coverage of non-owned autos?  Yes  No

If yes, do you require a copy of their insurance declarations showing coverage and their limits?  Yes  No

If yes, do you require certain limits to be obtained on the auto?  Yes  No

## Real and Personal Property Information

Please complete and attach a property ACORD application.

Is the building?  Owned  Leased

Fire Alarm?  Yes  No **If yes,**  Central  Local

Smoke Detectors?  Yes  No **If yes,**  Battery  Hardwired

Burglar Alarm?  Yes  No **If yes,**  Central  Local

Is the alarm UL listed or approved?  Yes  No

Doors are?  Metal  Glass  Frame

**Real and Personal Property Information (continued)**

Describe other protection (safe, dead bolt locks, metal bars, crash barriers, fire extinguishers, etc) \_\_\_\_\_

Does the building have other occupancies?  Yes  No

If yes, please describe: \_\_\_\_\_

Are all activities and location to be covered in full compliance with applicable federal, state and local regulations?  Yes  No

Is the building 100% sprinklered?  Yes  No

Is the building within city limits?  Yes  No

**RETAIL OPERATIONS**  N/A

What is the total value of retail inventory? \$ \_\_\_\_\_

What type of inventory do you sell? (Check all that apply):

General Merchandise     Archery Equipment     Sporting Goods     Other: \_\_\_\_\_

Do you sell firearms?  Yes  No

If yes, how many per year? \_\_\_\_\_

Are any firearms sold handguns, fully automatic guns and/or modified weapons?  Yes  No

What is the total value of firearms inventory? \$ \_\_\_\_\_

Revenue from the sale of firearms: \$ \_\_\_\_\_

Do you sell ammunition?  Yes  No

If yes, do you sell reloaded ammunition (other than factory reloads)?  Yes  No

Do you carry black powder?  Yes  No

If yes, how much do you estimate is in inventory? \_\_\_\_\_ lbs.

If yes, is the storage and handling in compliance with all applicable local, state and federal regulations?  Yes  No

Do you import directly from any foreign manufacturers?  Yes  No

If yes, please provide certificates of insurance evidencing foreign manufacturer's products liability insurance.

In U.S. dollars, what is the limit of their products liability insurance? \$ \_\_\_\_\_

Do you obtain certificates of insurance for products liability insurance from U.S. manufacturers of your products?  Yes  No

If yes, please provide copies of certificates.

If no, it is essential that you make every attempt to.

**CERTIFICATES OF INSURANCE & ADDITIONAL INSURED**

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.

For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

**RANGE OPERATIONS**

N/A

Is your business open year round?  Yes  No

If no, provide the number of months you are open? \_\_\_\_\_

Do you or a manager live on the premise?  Yes  No

If yes, is there separate homeowners or tenants coverage in place?  Yes  No

If no, please complete the Personal Liability Supplement.

Indoor Range  Yes  No

Number of Lanes? \_\_\_\_\_

Outdoor Range  Yes  No

Number of Lanes? \_\_\_\_\_

Maximum Distance Shot: \_\_\_\_\_

Does the range have any age restrictions?  Yes  No

If yes, please describe: \_\_\_\_\_

Is the range in compliance with any recognized standards?  Yes  No

If yes, please describe: \_\_\_\_\_

Is club membership required?  Yes  No

Is a questionnaire used to obtain information on the shooter's name, age, health or shooting experience?  Yes  No

If yes, please **provide a copy.**

Are shooters required to sign liability waivers?  Yes  No

If yes, please **provide a copy.**

Is a supervisor on duty at all times?  Yes  No

Number of range supervisors? \_\_\_\_\_

Do you have written rules prominently displayed?  Yes  No

Do you provide lessons?  Yes  No

If yes, please provide qualifications of instructors: \_\_\_\_\_

What activities, other than those identified above, are conducted or take place at your park? \_\_\_\_\_

**EXCESS LIABILITY**

N/A

Desired Limit of Insurance (maximum \$5 million): \$ \_\_\_\_\_

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Employers Liability (Coverage B) Limits:	\$ _____	Bodily Injury by Accident
	\$ _____	Bodily Injury by Disease
	\$ _____	BI by Disease Policy Limit

**\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.**

## ADDITIONAL COVERAGES AVAILABLE

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For Business Automobile, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

## PREMIUM HISTORY

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Please indicate the Total Account Premium for the past 3 years.

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(current year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(1<sup>st</sup> prior year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(2<sup>nd</sup> prior year)

## CLAIMS HISTORY

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Have there been any claims or losses in the last five years?  Yes  No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT

\*Attach separate pages if needed. Provide the carrier loss runs if available.

## SUBMISSION REQUIREMENTS

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Attachments to this application **must** include the following:

- Five years of currently valued, hard copy loss runs, including loss details and descriptions (for all lines requested).
- A complete drivers list with driver names, license numbers, dates of birth and date of hire (if auto coverage requested).
- Copies of motor vehicle reports for all drivers (if auto coverage requested).
- All available brochures.
- Copies of waivers currently in use.
- Questionnaire's used to obtain information on the shooters.

A quotation will not be offered if the attachments are not included with the application.

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

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**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other 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 such person to criminal and civil penalties.

**APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be signed by someone who does not have access to funds)*