



ARCHERY RANGES APPLICATION

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Cortland, NY 13045
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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 NY**

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

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

PREMIUM HISTORY

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

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

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

CLAIMS HISTORY

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

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

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, 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 LOUISIANA 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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 claims 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

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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)