



**OUTDOOR SPORTS AND RECREATION INSURANCE PROGRAM**  
GREAT SOUTHERN AGENCY, LLC., 300 Glen Eagles Court, Suite E, Carrollton, Ga 30117  
T: 877-451-0669 F: 678-664-0602 www.firearmsins.com  
[SUBMISSIONS@FIREARMSINS.COM](mailto:SUBMISSIONS@FIREARMSINS.COM)

**AGENCY INFORMATION**

Agency Name:

Contact Name:

Phone:

Email:

**Submission Required Items:**

- Acord Forms
- Additional required supplemental applications (If applicable)
- Liability Waiver documents for members, patrons, guests. (Applicable for indoor/outdoor ranges)
- Range Rules (Applicable for indoor/outdoor ranges)
- Copy of current Federal Firearm Licenses
- New Ventures – Provide resume or experience documentation / Business Plan
- Currently valued loss runs (Minimum 3 years, preferably 5 years)

**\*Every submission must include the Acord 125, 126, & 140\***

**\* Acord 131 are on an as needed basis\***

**INSURED INFORMATION:**

1. Named Insured:

DBA:

2. Mailing Address:

City:

State:

Zip:

3. Primary contact person:

Phone:

4. Entity Form: Partnership Individual LLC Other:

5. Federal Employee ID:

or Social Security #:

6. Number of years in business:

If new venture, how many years of experience?

7. Location Address:

State:

Zip:

County:

8. Indicate the organizations you are a member of:

NSSF NAFR NRA NASR Other:

9. Proposed effective date of coverage:



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**CLASSIFY THE APPLICANT OPERATIONS: Check all that apply**

Operation	Key Component	ISO GL	
<b>Rifle/Pistol Shooting Range</b>	Indoor	47253	
	Outdoor	47254	
<b>Archery Ranges</b>	Indoor	10052	
	Outdoor	10054	
<b>Retail Gun &amp; Accessories</b>	Sporting goods stores	18206	
	Apparel / Accessories	11127	
	Wholesale/Distribution	18205	
<b>Instruction</b>	Classroom	47253	
<b>Rental</b>	Sporting Goods (Not Range)	18206	
<b>Gunsmith</b>		95620	
<b>Hunting</b>	Hunting Clubs	45224	
	Hunting Preserves	45225	
<b>Lodging</b>	B&B, Lodges	45192	
<b>Guides</b>	Guides/Outfitters	44222	
<b>Manufacturing</b>	Limited accessories and small-arms ammo only	51211	
<b>Food Services</b>	Restaurant / Café		
<b>Liquor Liability</b>	Serve at Location		
	Take Out		

**LICENSING:**

- List ALL Federal Firearms Licenses which you hold:  
**\*Attach a copy of ALL. If you have a class 6 or 7 FFL, you are required to complete the Manufacturing Supplemental**
- What was the date of Applicant’s last ATF inspection?
- Were there any ATF violations cited? Yes No  
If yes, please describe the citation(s) and the resolution:
- Are you requesting “Bureau of Alcohol, Tobacco, Firearms, and Explosives Defense Costs” Coverage  
Yes No
- Have you ever experienced any corrective action from an Environmental/EPA or Occupational/OSHA entity? Yes No  
If yes, please describe the citation(s) and the resolution, including dates:
- Are all activities and locations to be covered in full compliance with applicable federal, state, and local regulations? Yes No



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### **GENERAL OPERATIONS:**

1. Has coverage been canceled or non-renewed within the past three years? Yes No  
If yes, explain:
2. Do you sell at gun shows? Yes No  
If yes, what percentage of sales are at gun shows?  
If yes, do you obtain a complete form 4473 and NICS background check for each buyer? Yes No
3. Do you provide a written owner's manual, warning and safety instructions with each firearm that is sold? Yes No
4. Is club/ organization membership required? Yes No  
If yes, please provide copy of membership agreements.
5. Do you operate any other business (s) from ANY location? Yes No  
If yes, please List Name and Description of other business(s):
6. Do you have separate insurance for the other business(s)? Yes No
7. Do you sell products to any entity that requires Applicant to name them as an Additional Insured?  
Yes No  
If yes, please describe:
8. Do you offer any warranties on any products Applicant's company makes or modifies?  
Yes No
9. Do you sell any products that extend beyond the manufacturer's warranty period?  
Yes No
10. Do you sell any products that have an enhanced or expanded warranty? Yes No
11. Do you have pawn operations? Yes No
12. Do you use an integrated Point of Sale system? Yes No  
If yes, please name vendor & system used:
13. Does Point of Sale or data storage system use encryption technology? Yes No  
Your steps to protect customer personal data include:
14. Indicate suppliers of products you purchase for resale:  
U.S. manufacturer, distributor, or wholesaler  
Direct purchase from a foreign manufacturer or distributor  
Trade-Ins or Trade Shows/Gun Shows  
Other:
15. Have you ever directly imported firearms or ammunition from a foreign country?  
Yes No



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16. Have you ever directly imported any other products from a foreign country?  
If yes, please describe:

17. If you are a direct importer, are you named on the foreign manufacturer’s liability insurance policy as Additional Insured? Yes No  
If yes, provide a copy of the policy or certificate of insurance including you as Additional Insured and limits in U.S. Dollars.

18. If you are a wholesaler or distributor, are you named as Additional Insured on the manufacturers or importer’s Products Liability Insurance Policy? Yes No  
If yes, provide Certificate of Insurance.  
If yes, do you obtain updated certificates if insurance on an annual basis? Yes No

19. Do you sell over the internet? Yes No  
If yes, describe all products sold or provide us with your catalogue or advertisement:  
If yes, list all states/jurisdictions you will NOT ship to:

20. Do you ship any products to licensed FFL Dealers? Yes No  
If yes, do you obtain and keep a copy of that FFL Dealers License? Yes No

21. How much black powder do you display?  
Describe how you store your stock of Black Powder that is not displayed (including types of magazines and/or containers):

22. How much Smokeless Powder do you display?  
How do you store the remainder of the Smokeless Powder that is not displayed?  
Has your local Fire Department approved your storage of Black or Smokeless Powder?  
If no, why?  
Attach written approval if available.

What are the applicant’s hours of operation (AM to PM):

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
RANGE							
RETAIL							
OTHER							

23. Automatic NFA Firearms Sold? Yes No  
If yes, please attach a copy of safety/handling protocols.  
If yes, number of fully automatic firearms sold:  
If yes, number of fully automatic firearms on premises: For Sale For Rent

24. Do you sell, rent, or directly provide any of the following: Beverage Alcohol Prepared Foods  
Catering Services Clubhouse or Space for Private Event Functions



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### 25. If alcohol sales:

- Liquor license Number:
- State:
- Expiration:
- Are ALL patrons' IDs checked? Yes No

Describe ID verification procedures:

- Alcohol Awareness Program (TIPS, learn 2 Serve, etc.) provided for ALL liquor servers, bar, and wait staff? Yes No

### 26. If prepared foods:

- Do you perform deep fat fryer cooking? Yes No
- Do you have an automatic extinguishing system over the cooker area? (UL, Underwriting Laboratories, 300 compliant; requires wet chemical extinguishing system) Yes No
- Do you have automatic fuel shut-off to stoves? Yes No
- Do you have a hood and duct system? Yes No
- If yes, is there a formal maintenance contract in place? (Required- see UL- 300 requirements below) Yes No
- Do you have properly charged fire extinguisher readily available? Yes No

### REQUIREMENTS FOR A UL-300 SYSTEM:

- Nozzles located in the hood and duct
- Nozzles located over each cooking appliance
- Manual pull station
- Automatic fuel shut-offs for gas and electric
- UL-300 compliant wet chemical extinguishing system
- Wet chemical extinguishing system serviced semi-annually by an authorized licensed service company
- Hood and duct maintenance and cleaning at least semi-annually by an authorized licensed service company
- Weekly baffle filter cleaning recommended

### EMPLOYEE/STAFF INFORMATION:

1. Number of Employees: FT PT
2. PAYROLL: Past 12 months: Projected Payroll for the next 12 months:
3. Do you conduct background checks/investigations on all new employees? Yes No
4. Do you or employees hold any special certifications or training?  
If yes, please describe:
5. Have all Officers, contract persons, and employees acknowledged they understand Form 4473 and have they been trained regarding Straw Sales, and all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder? Yes No



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6. Are your employees versed in Federal, State, and Local Laws regarding the distribution of guns, ammunition and/or gunpowder (black or smokeless)? Yes No
  
7. Do you hire/use contract workers for any operations, including instructors? Yes No  
 If yes, what is the total number of contract workers used?  
 What is the total annual amount paid to contract workers? Yes No
  
8. Do you involve volunteers in any business operations? Yes No
  
9. Are there written safety and return to work policies, procedures, and rules for staff/employees?  
 Yes No
  
10. Do you maintain “drug free workplace” standards? Yes No
  
11. Number of employees who may at any time use their personal autos in applicant’s operations.
  
12. Does Hired/Non-Owned auto use ever include transporting hazardous materials or firearms?  
 Yes No

**PRIOR INSURANCE:**

**State Losses and Premiums for the last 5 years. Please also attach loss runs.**

	<b>Premium</b>	<b>Losses</b>	<b>Insurance Company</b>
<b>Current Year</b>			
<b>1<sup>st</sup> Prior Year</b>			
<b>2<sup>nd</sup> Prior Year</b>			
<b>3<sup>rd</sup> Prior Year</b>			
<b>4<sup>th</sup> Prior Year</b>			

**If no prior coverage, check here**

1. Provide details of all losses over \$5,000:

**RATING INFORMATION:**

1. What are your Gross Sales / Receipts for the past 12 months?
  
2. What are your projected Gross Sales / Receipts this policy year?

**Please provide estimated sales for each classification, rounding to the nearest thousand dollars. If you have no sales for a particular classification, indicate that by writing “None” for that classification.**

**The following items can be deducted from gross sales:**

- Sales or excise taxes which are collected and submitted to a governmental division.
- Freight charges, if charged as a separate item on customer invoices.





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**BUILDING INFORMATION:**

**Please complete for each additional location or include ACORD 140 for more than one location  
\*If more than two locations please send an Excel SOV**

1. Physical Address:

City: State: Zip: County:

2. Construction Type: Frame Joisted Masonry Non-Combustable Masonry Non-Combustable  
Modified Fire Resistive Fire Resistive Mixed Construction

3. Year built:

Roof Surface (all that apply): TPO Built Up Metal Shingles Other:

4. Date of last upgrades: Roof Electrical Plumbing HVAC

5. Number of floor(s): Total building area: Total area occupied:

6. Is the building free standing? Yes No

7. Distance to nearest structure (in feet):

8. Distance to nearest hydrant:

If none, please describe the water source in the area:

9. Distance to & Name of nearest Fire Department:

10. Within city limits Yes No

Fire District Yes No

11. ISO Protection Class (Please select): 1 2 3 4 5 6 7 8 9 10

12. Does building have a sprinkler system Yes No

If yes, what percent:

Date of last sprinkler test:

13. Have all fire extinguishers /suppression systems been professionally inspected and tagged within the last year? Yes No

14. Are fire extinguishers/sprinklers/suppression checked and signed each 30 days or less?

Yes No

15. Do you lease or own the building(s)? Own Lease

If TENANT, does lease require you to insure the Improvements & Betterments? Yes No

If so, advise the "Tenants Improvements and Betterments" Replacement Cost?







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**Coverages Requested:**

Property	Amount	Deductible
Building		
Business Personal Property		
Personal Property of Others		
Business Income		
Signs		
Equipment Breakdown		

**\*Business Income Worksheet required if requesting Business Income**

32. If signs are not attached to the building, how far from the building are the signs located?

33. Are any boilers or 'pressure vessels' in use at the facility (includes air compressors, pressurized tanks)?    Yes    No

If yes, please explain:

34. Are all equipment devices maintained in accordance with manufacturers recommendations?  
 Yes    No

**Business Personal Property consists of:**

BPP	Values	
Long guns		# NEW IS:      # USED IS:
Hand guns		# NEW IS:      # USED IS:
Gun parts		
Ammunition		
Powder		
Sporting goods		
Property in Transit		From gun shows/vendors
Property off-campus		Displays/at gun shows
Furniture/fixtures		
Stock/ Other Retail items		
Range Machinery/Equipment		
Other Machinery /Equipment		
Total:		

**ADDITIONAL INSURED INFORMATION:**

NAME	COMPLETE ADDRESS	INTEREST/REASON FOR A.I.



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**RANGE OPERATIONS SUPPLEMENTAL** N/A

1. Location of Range:
2. Type of Range: Indoor Outdoor Pistol Rifle Air Gun Archery Simulation  
Paint Ball Trap, Skeet, or Sporting Clays
3. Range Hours:
4. Maximum distance shot per range: Indoor Outdoor
5. Is the range open to: Public Club Members Law Enforcement
6. Number of Lanes: Indoor Outdoor

**General Information**

1. Do you have an outdoor Field Range? Yes No  
If yes, range dimensions: Maximum Distance Shot:  
If yes, are there warning signs posted around the facility indicating "NO TRESPASSING" and "LIVE FIRE"?  
Yes No
2. Are fully automatic firearms allowed to be used at range? Yes No  
If yes, how many?  
If Rental, what is the age requirement to rent fully automatic weapons?
3. Is ammo allowed that is steel "brass"? Yes No  
Tracer or incendiary? Yes No  
Armor piercing? Yes No
4. Do you rent any area for private functions? Yes No  
Is it rented to: Members Non-Members
5. Do you host shooting events? Yes No  
If yes, how many per year?
6. Describe the partitions between firing points:  
How do you dispose of spent brass and lead?
7. Please indicate if any of the following are rented to customers: Handguns Bows Rifles  
Semi-Automatic Suppressors Fully Automatic
8. What form of identification is required from the renter? (i.e., driver's license, photo ID's):
9. How do you determine the experience of the renter prior to providing the rental?



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10. Do you provide any league or competitive shooting? Yes No  
If yes, explain:  
If yes, what is the frequency?

11. Is the range visible from the retail section? Yes No N/A

12. Is there a viewing/waiting area located on premises? Yes No

**Range Safety and Protection**

1. What kind of backstop or berm is used in your operations?

2. Are there written safety policies, procedures, and rules for shooters? Yes No

3. What kind of ventilation system does your range use?  
Provide details of your air handling/filtration system:

4. Is there "Positive" (downrange) airflow in all shooting/gunsmith areas? Yes No

5. What is the distance to the nearest EMS/First Responder facility?

6. Does the range have a public address system that all shooters can hear? Yes No

7. Do you require NRA certified Range Safety Officer(s) in each range that has shooters?  
Yes No  
If yes, how many Range Safety Officers do you deploy?

8. Is the range in compliance with any recognized standards? Yes No  
If yes, please list (AAC, NFAA, etc.):

9. What is the minimum age of an unaccompanied shooter in the range?

10. What is the minimum age of a shooter accompanied by an adult/guardian?  
Do you require parent/legal guardian to be present with an underage shooter? Yes No

11. Are range rules and safety guidelines posted in a conspicuous manner? Yes No  
If yes, please provide number of postings:  
If yes, clarify the type of postings (video/static):

12. Are rules and guidelines verbally reviewed with the shooter? Yes No

13. Do the range rules include a rule for no low cut or muscles tops, and no open toed shoes?  
Yes No  
If no, does insured agree to add? Yes No

14. Are shooters required to sign liability waiver? Yes No



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15. Do you require reviewing a range safety video? Yes No  
If yes, do you require acknowledgment of viewing in writing? Yes No
16. Is the shooter owned firearms/ammo inspected at check in? Yes No  
If yes, by whom?
17. Are eye and ear protection mandatory? Yes No  
Do you offer eye/ear protection for rent/purchase? Yes No
18. Are first aid kits located at each range? Yes No
19. Please advise the number of employees with First Aid Certification or Medic training:
20. Are fire extinguishers located at each lane section? Yes No



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**GUNSMITH OPERATIONS SUPPLEMENTAL** N/A

1. Do you use the services of any gunsmiths who are not employees? Yes No  
 If yes, please attach a certificate of insurance for each gunsmith used.

**Complete the following for each employed gunsmith (including owner):**

Name	Years' Experience	Special Training/Certification

2. Gunsmith Payroll:

3. Describe gunsmith services offered:

List any special services you perform by attaching a copy of your service list, showing the special services provided.

4. Do your services include any "bluing" or other hot surfaces? Yes No  
 If yes, is bluing facility outside the main building? Yes No

5. Do you alter firearms from the original factory specifications?  
 If yes, describe alterations:

6. Do you build or assemble firearms? Yes No  
 \*If yes, complete the following

7. Do you obtain certificate of insurance from your source providers, showing products coverage?  
 Yes No

8. Number of units assembled per year:  
 Number of actions/receivers supplied by the customer:  
 Number of actions/receivers supplied by you:

9. Do you pay any Federal Excise Tax? Yes No

10. Does your name appear anywhere on the firearm? Yes No  
 If yes, please describe:

11. Do you put a serial number on the firearms? Yes No

12. Are the actions/receivers thoroughly checked prior to assembly? Yes No



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13. Do you always test the firearms after assembly and document? Yes No

14. Do you provide owner's manual with handling, or safety instructions? Yes No



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**Note:** This application is to provide information only for the purposes of underwriting considerations. Any coverage terms offered will be subject to the terms, conditions and exclusions of the policies as issued. This application is not an offer of insurance, and provides **no** insurance coverage.

**Signers Affirmation:** I/We understand that any person who knowingly and with intent to defraud any insurance company, agent, broker, or another person; who 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 that subjects the person to prosecution of criminal and civil penalties.

Applicant's Signature: Dated

Applicant's Name (please print) Title

The undersigned is an authorized representative of the applicant and represents that reasonable Inquiry has been made to obtain the answers to the information inquiries of this application and supporting documents/exhibits. By signing, you represent and warrant that the answers are true, correct, and complete to the best of your knowledge. Signature herein and on any Acord Forms acknowledges review of and awareness of the applicant's respective State's particular notices of fraud prevention Statements.

Producers' Signature Dated

Producer's Name (Please print)

PRODUCER'S AGENCY/ENTITY