



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

STOP GAP –EMPLOYERS’ LIABILITY SUPPLEMENTAL APPLICATION
Complete in addition to OSAR Supplemental Application & Acord Applications

Insured name:

Date:

STATE(S) FOR WHICH COVERAGE IS REQUESTED (select all that apply):
 OHIO NORTH DAKOTA WASHINGTON WYOMING

GENERAL INFORMATION—for ALL applied locations.

Please Include which location(s) in explanations to any YES responses (associate by number on additional page, please).

	YES	NO
Are there any actual or anticipated Occupational Disease exposures involved in your operations?		
Does applicant have professional medical personnel at location?		
Are there any current, or future planned, exposures related to leasing/chartering of watercraft?		
Are there any current, or future planned, exposures related to leasing/chartering of air craft?		
Does applicant lease employees to or from other employers?		
Is separate Workers Compensation Coverage in force?		
Are there any prior Workers’ Compensation related losses?		
Has the applicant experienced any Workers Compensation related non-renewal or cancellation in the prior three years? (This question does not apply to MO applicants)		
Are sub-contractors used? (If yes, give % of work subcontracted)		
Any location subject to USL&H, Jones Act, or Federal Employers Liability Act?		

Location address(es)

STREET	CITY	ST	ZIP	COUNTY

Coverage Limits Desired:

Select one:	LIMITS:	LIMITS:	LIMITS:
COVERAGE CATEGORY			
BODILY INJURY, EACH ACCIDENT	\$ 100,000	\$ 500,000	\$ 1,000,000
BODILY INJURY, DISEASE	\$ 100,000	\$ 500,000	\$ 1,000,000
BODILY INJURY, BY DISEASE, AGGREGATE	\$ 500,000	\$ 500,000	\$ 1,000,000

Schedule of Hazards:

NCCI COMP CODE	CLASSIFICATION/DESCRIPTION	# OF EMPLOYEES (FT & PT)	EST. ANNUAL PAYROLL \$