



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

MANUFACTURING OPERATIONS SUPPLEMENTAL APPLICATION
Complete in addition to OSAR Supplemental Application & Acord Applications

Please attach the following:

- Copies of Federal Firearms Licenses (Class 6 or Class 7)
- Loss Runs/ No Known Loss Statement
- Business Income Worksheet
- Copy of and warning labels and Operators Manual (Required)
- Written products recall plan (If applicable)
- Independent Gunsmith Certificate of Liability (If applicable)
- Copy of Product Warnings
- Copy of Expiring Policy & Audit Endorsement (Prior Acts Coverage Only)

PRESENT INSURER INFORMATION

Limit of Liability:

Present Coverage: Occurrence Claims Made

If Claims Made, Retroactive Date:

If Claims Made, do you want Prior Acts Coverage? Yes No

If yes, 3 Year Prior Acts Coverage Period 5 Year Prior Acts Coverage Period

Self-insured retention (\$5K-500K):

Annual Premium: Expected Audit Premium:

Has any insurer ever cancelled, restricted, or refused to renew liability insurance? Yes No

If "Yes" explain:

General and Products Liability

LOSS CONTROL/PRODUCT RECALL/CLAIMS HANDLING

1. Do you have a written Safety Program & designated person who implements/manages the program? Yes No
2. Are written quality control and testing procedures followed? Yes No
3. How long are quality control records kept?
4. Have your products ever been subject to inquiry or investigation relative to product safety by any governmental agency? Yes No
If "Yes" explain:
5. Do you have a written products recall plan? Yes No
If "Yes", please attach a copy.
6. Have you ever recalled products because of a potential product safety? Yes No
If "Yes", attach details indicating percent of recovery.
7. Do you have a written procedure for obtaining information involving complaints, accidents, and injuries involving your products? Yes No
If "Yes", do you provide for examining, preserving, and storing of any allegedly defective product?
Yes No



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8. Are the results recorded and maintained at least 7-10 years? Yes No

9. Do you include safety and installation manuals for the use of your products? Yes No
If "Yes", please explain:
Does the safety and industrial manual contain product warnings? Yes No

OPERATIONS INFORMATION

1. Does revenue from all sources exceed \$250 million a year? Yes No
Commercial Sales Revenue:
Law Enforcement/Military Sales Revenue:
What was prior year payroll?
What was prior year sales?

2. What is your estimated payroll for the next 12 months?

3. What are your estimated sales for the next 12 months?

4. Are you contemplating any new products? Yes No
If "Yes", describe:

5. Are you the sole occupant of the premises? Yes No
If "No", describe other occupants:

6. Are you the: Owner Sole Tenant Lease part of building

7. If required to add your landlord as an additional insured, please provide name and address:

8. Are you ANSI/SAAMI compliant? Yes No

9. Indicate any organizations to which you belong:
NAFLFD NRA NSSF ASSC NASGW Other:

10. State all Federal Firearms Licenses which you hold:
*Attach copies of Federal Firearms Licenses

11. Do you have the proper CA (California 65) property 65 warning on your products? Yes No

PRODUCT DESIGN

1. If outside designer please identify:
Do you maintain Evidence of Insurance from the designer(s)? Yes No



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2. Do you maintain records of design changes and reasons justifying these changes? Yes No
3. Are your products subject to independent external review, testing, or certification? Yes No
If "Yes", indicate details and dates:
4. Do you put serial numbers on all of the products that are required to have them? Yes No
If "Yes", please advise location and imprint type:
5. Does your company's name appear on the final product? Yes No
6. Do you use 3D printers in your manufacturing operations? Yes No
If "Yes", explain:
7. Insured's product is: Component parts in another product Completed final product
If "Completed final product", do you purchase component parts from others? Yes No
If "Yes", list manufacturer:
8. Any products acquired via acquisition or merger? Yes No
If "Yes", did you assume legal liability for these products (contractually or otherwise)? Yes No
If "Yes", please provide details of the contract:
9. Do you ship your product out of the country? Yes No
If "Yes", are you ITAR compliant? Yes No
10. Do others manufacture, assemble, or install products under your name? Yes No
If "Yes", do you secure certificates of product liability insurance or are you named as an additional insured under those policies? Yes No
11. Describe the products you manufacture (under any label):
Include images of your completed product.
Describe your product description explain how your product is advised to be applied/installed:
12. Do you import foreign products that go into the products you manufacture? Yes No
If "Yes", what products?
13. Do you distribute foreign products that applicant imports directly? Yes No
If "Yes", from what country?
If "Yes", are you an Additional Insured on their foreign policy? Yes No
*Please provide a copy of AI and Certificate of Insurance
14. Do you manufacture, assemble, package, or install products of others under another's name or label? Yes No
If "Yes", please describe:
15. Do your employees understand Form 4473 and Local, State, and Federal Laws regarding gun sales? Yes No



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13. Do you store smokeless powder? Yes No
If "Yes", how is it stored?
If "Yes", do you utilize fire Marshall and BATFE approved magazines? Yes No
If "Yes", is storage of powder at least 40 feet outside of manufacturing building? Yes No
If "Yes", does applicant comply with NFPA 495 storage procedures? Yes No
If "Yes", do you store only enough powder needed for daily production? Yes No

14. Do you store primers? Yes No
If "Yes", average quantity?
If "Yes", how do you store remainder of black/smokeless powder and primers?
If "Yes", is storage of primers in fire marshal and BATFE approved magazines at least 40 feet outside of manufacturing building? Yes No

15. Do you have written verification of compliance from the Local Fire Department? Yes No
If "Yes", please provide a copy.

16. Do you have firewalls within the building(s)? Yes No
If "Yes", please describe how applicant separates flammable materials within operations:

17. Is a casting furnace utilized in your operations? Yes No
If "Yes", please advise placement of the furnace:
If "Yes", please advise how area is ventilated:
If "Yes", is it in primary building or in a building/separation of 50 feet or more from primary building? Yes No

18. Is your production building equipped with a fire sprinkler system? Yes No
If "Yes", what is the percentage sprinklered?
If "Yes", who is you contract with for the maintenance of the sprinkler system?
Date of last sprinkler inspection:

19. What are your procedures in the event of a fire?

20. Are you SAAMI Compliant? Yes No