OUTDOOR SPORTS AND RECREATION INSURANCE

OUTDOOR SPORTS AND RECREATION INSURANCE PROGRAM
GREAT SOUTHERN AGENCY, LLC., 980 Hays Mill Road, 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. ☐ Yes ☐ No Does you have a written Safety Program & designated person who implements/manages the program?
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

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 ITR 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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17. Are your employees well versed in Federal, State, and Local laws regarding the sale and distribution of guns, ammunition, and gunpowder? ☐ Yes ☐ No

18. Are you ATF compliant? ☐ Yes ☐ No
When was the last date of your ATF inspection?
Where there any citations? ☐ Yes ☐ No
If "Yes", explain:

19. Do you make and sale 80% "Ghost" Guns? ☐ Yes ☐ No
If "Yes", do you serialize the receiver? ☐ Yes ☐ No

Firearms Related (Other than Ammunition) Manufacturing

Current Year Revenue: Prior Year: Projected:

1. Do you build or assemble firearms? ☐ Yes ☐ No
   If "Yes", number of assembled per year:
   If "Yes", please describe the firearms assembled/built:
   Number of pistols: Max Caliber:
   Number of rifles: Max Caliber:

Bolt Action/Single	Repeater/Magazine	Semi-Automatic	Automatic
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. Do you manufacture the receiver? ☐ Yes ☐ No
   If "No", from whom does the applicant purchase receivers from?
3. Are they new or refurbished? ☐ Yes ☐ No
4. Do you alter firearms from the original factory specifications? ☐ Yes ☐ No
5. Do you test fire the firearms/products you manufacture? ☐ Yes ☐ No
6. Does you provide a written owner's manual, warning, and safe handling instructions? ☐ Yes ☐ No
7. Do you sell any used gun parts? ☐ Yes ☐ No
8. Do you repair firearms? ☐ Yes ☐ No
   If "Yes", describe:
9. Do you do warranty and recall repair? ☐ Yes ☐ No
   If "No", who does?

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10. Do you subcontract (out) any of your manufacturing or gunsmithing operations? ☐ Yes ☐ No
If "Yes", do you have written agreements in place? ☐ Yes ☐ No
If "Yes", do you verify its subcontractor's insurance? ☐ Yes ☐ No
If "Yes", are you named as Additional Insured? ☐ Yes ☐ No
*Must respond for all three, if "No", please explain your agreement:

11. Do you offer training to gunsmith and dealers? ☐ Yes ☐ No

Ammunition Manufacturing

Current Year Revenue: Prior Year: Projected:

1. Do you assemble or manufacture ammunition to the specifications of customers? ☑ Yes ☑ No
If "Yes", do you require product to be tested upon receipt?
If "Yes", ☐ New ☐ Remanufactured ☐ Shotshells
Percentage New: Percentage Remanufactured: Shotshells:

2. Do you manufacture or reload ammunition? ☐ Manufacture ☐ Reload ☐ Both

3. What caliber ammunition do you manufacture/reload?

4. If operations are reloading ammunition, please identify the equipment utilized:
☐ Shell Holders ☐ Measuring Tools ☐ Metal Resizing Equipment ☐ Loading Blocks ☐ Case Cleaning
☐ Case Preparation ☐ Reloading Press ☐ Reloading Dies ☐ Powder Handling Equipment
☐ Priming Tools ☐ Bullet Casting
Is Process automated or Manual? ☐ Automated ☐ Manual

5. Please describe how you check for gas, lube, sizer dies, top punches, cast molds, etc.:

6. Do you utilize a reloading reference manual? ☐ Yes ☐ No
If "Yes", please provide the name and edition date:

7. Do you identify yourself on the product packaging? ☐ Yes ☐ No
If "Yes", provide a copy of packaging with instructions and warning labels.

8. Do you put lot numbers or batch numbers on the packaging that identifies the product? ☐ Yes ☐ No

9. Which type of casing(s) is/are used in the process? ☐ New ☐ Used ☐ Both

10. Is/are casing(s) brass, nickel, steel, or other? (i.e., aluminum):
If other, describe:

11. Are quality control measures in place to check individual product runs? ☐ Yes ☐ No
If "Yes", please advise how results are recorded and how kept:

12. Do you randomly test product/ammunition? ☐ 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 yourprocedures in the event of a fire?

20. Are you SAAMI Compiant? ☐ Yes ☐ No