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 Website: www.firearmsins.com Email:
submissions@firearmsins.com

Edition: 2/20/2026

AGENCY INFORMATION

Agency Name:

Contact Name: Contact 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)
- Business Income Worksheet (If applicable)

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:
4. Email Address:
5. Entity Form: ☐ Partnership ☐ Individual ☐ LLC ☐ Other:
6. Federal Employee ID: OR Social Security Number:
7. Number of Years in Business:
8. Location Address:
9. Indicate any organizations you are a member of:
   ☐ NSSF ☐ NAFR ☐ NRA ☐ NASR ☐ Other:
10. Proposed Effective Date of Coverage:
11. Website Address:

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 Website: www.firearmsins.com
Email: submissions@firearmsins.com

Edition: 2/20/2026

CLASSIFY THE APPLICANT OPERATIONS: Check all that apply

Operation	Key Component	ISO GL Code	
Rifle/Pistol Range	Indoor	47253	
	Outdoor	47254	
Archery Ranges	Indoor	10052	
	Outdoor	10054	
Skeet or Trap Range	Skeet Shooting or Trap Shooting Ranges	48206	
Retail Guns and Accessories	Sporting Goods Stores	18206	
	Apparel/Accessories	11127	
	Wholesale/Distribution	18205	
Manufacturing	Ammunition Manufacturing	51211	
	Firearms Manufacturing	53271	
	Sporting Goods Athletic Equip Manufacturing	59306	
Gunsmithing	Gunsmiths	95620	
Rental	Sporting Goods not Range	18206	
Instruction	Classroom		
Food Services	Restaurant W/ Table Seating NO Alcohol	16900	
	Restaurant no Servers No Alcohol	16901	
	Restaurant Table Seating <30%	16910	
	Restaurant No Table Service <30%	16911	
Office	Not for profit	61226	
	Other than not for profit	61227	
Warehouse	Warehouse	68706	
Clubs	Clubs – Civic, service or social	41667	
	Membership	18206	
Guides	Guides/Outfitters	44222	
Lodging	B&B/Lodges	45192	
Hunting Preserve	Other than not for profit	45224	
	Not for profit only	45225	
Lakes	Lakes or Reservoirs – existence hazard	45524	
Pool	Swimming Pool	48925	
Vacant Land	Not for profit only EXCL hunting preserves	49452	
	Other than not for profit EXCL hunting preserves	49451	

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 Website: www.firearmsins.com
Email: submissions@firearmsins.com
Edition: 2/20/2026

LICENSING:

1. 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**
2. What was the date of Applicant's last ATF inspection?
3. Were there any ATF violations cited? × Yes ☐ No
   If yes, please describe the citation(s) and the resolution:
4. Are you requesting "Bureau of Alcohol, Tobacco, Firearms, and Explosives Defense Costs" Coverage
   × Yes ☐ No
5. 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:
6. Are all activities and locations to be covered in full compliance with applicable federal, state, and local regulation?
   ☐ Yes ☐ No

PRODUCTS AND/OR RETAIL OPERATIONS:

1. 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
2. Do you provide a written owner's manual, warning and safety instructions with each firearm that is sold?
   ☐ Yes ☐ No
3. Do you operate any other business (s) from ANY location? ☐ Yes ☐ No
   If yes, please list name and description of other business(s):
4. Do you have separate insurance for the other business(s)? ☐ Yes ☐ No
5. Do you sell products to any entity that requires applicant to name them as an Additional Insured? ☐ Yes ☐ No
   If yes, please describe:
6. Do you have any pawn operations? ☐ Yes ☐ No
7. Indicate suppliers of products you purchase for resale: N/A
   ☐ Other:
8. Have you ever directly imported firearms or ammunition from a foreign country? ☐ Yes ☐ No
9. Have you ever directly imported any other products from a foreign country? ☐ Yes ☐ No
   If yes, do you sell any product under your name? ☐ Yes ☐ No
   If yes, please describe:
10. 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.

11. 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, do you obtain updated certificates if insurance on an annual basis? ☐ Yes ☐ No
    If yes, provide Certificate of Insurance.
12. 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:
13. 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
14. Do you display black powder? ☐ Yes ☐ No
    If yes, how much black powder do you display?
    If yes, how do you store?
15. Do you display smokeless powder? ☐ Yes ☐ No
    If yes, 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? ☐ Yes ☐ No
    If no, why?
    Attach written approval if available.
16. What are the applicant's hours of operation (AM to PM):

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
RANGE							
RETAIL							
OTHER							

17. Are automatic NFA Firearms Sold? ☐ Yes ☐ No
    If yes, number of fully automatic firearms sold:
    If yes, number of fully automatic firearms on premises:
18. Do you sell, rent, or directly provide any of the following: N/A
19. Do you utilize Social Media? ☐ Yes ☐ No
    If yes, who is reviewing?
    If yes, who is approving?
    If yes, please describe guidelines uses:
20. If alcohol sales:
    - Liquor License Number:
    - State:

- Expiration:
- Are ALL patrons; ID's checked? ☐ Yes ☐ No
- Describe ID verification procedures:
- Is Alcohol Awareness Program (TIPS, learn 2 Serve, etc.) provided for ALL liquor servers, bar, and wait staff? ☐ Yes ☐ No

21. If prepared food:
    - Do you perform deep fat fryer cooking? ☐ Yes ☐ No
    - Do you have an automatic extinguishing system over the cooking area? (UL, Underwriting Laboratories, 300 compliant; requires wet chemical extinguishing system) ☐ Yes ☐ No
    - Do you have automatic fuel shut-off to stoves? ☐ 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
    - Do you have hood and duct maintenance and cleaning at least semi-annually by an authorized licensed service company? ☐ Yes ☐ No

22. Do you utilize an Electronic A&D Book (Acquisition and Disposition)? ☐ Yes ☐ No

23. Do you utilize an electronic 4473? ☐ Yes ☐ No
    If no, how are paper records stored?
    If no, how long are paper records stored?

EMPLOYEE/STAFF INFORMATION:

1. Number of Employees: FT PT
2. Payroll – Past 12 Months: Projected payroll for 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? ☐ Yes ☐ No
   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
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?
   If yes, is the total annual amount paid to contract workers?
8. Do you involve volunteers in any business operations? ☐ Yes ☐ No

9. Do you maintain "drug free workplace" standards? ☐ Yes ☐ No

10. Number of employees who may at any time use their personal autos in applicant's operations.

11. 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.

	Premium	Losses	Insurance Company
Current Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

If no prior coverage, check here ☐

1. Provide details of all losses:

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**

Classification	**Estimated Sales/Receipts for Renewing Policy Term**
Wholesale or Distributor (Does not include manufactured items see below)	
Firearms, Ammunition & Associated Products	$
All Other Products	$
Retail Sales	
Firearms, Ammunition & Associated Products	$
All Other Products	$

Law Enforcement & Government Agencies		$
Gunsmith		
Payroll		$
Revenue		$
Shooting Ranges		
Indoor Rifle/Pistol Range	# of Lanes:	$
Outdoor Rifle/Pistol Range	# of Lanes/Positions:	$
Indoor Archery Range		$
Outdoor Archery Range		$
Skeet, Trap & Sporting Clay Range	# of Ranges:	$
Firearms Rental Revenue		$
Manufacturing		
Manufacturing of New Ammunition		$
Manufacturing of Reloaded Ammunition		$
Bullet Manufacturing		$
Gun Part/Accessory Manufacturing (Includes suppressors and other sporting/outdoor equip)		$
Firearm Manufacturing (Includes lower receivers, serialized pistol frames and assembly if name is stamped/engraved on firearm)		$
Membership Sales		$
Firearms Instruction		$
Hunting Preserve		$
Restaurants		$
Alcohol Sales		$
Other (Describe)		$
Hunting Guide		$
Lodging		$
Total Sales/Receipts		$

*** Total sales/receipts should equal your projected gross sales/receipts**

PROFESSIONAL INSTRUCTION LIABILITY ☐ N/A

1. How many instructors are employees?
2. How many instructors are independent contractors?
   If independent, do you require them to hold Professional Liability Insurance? ☐ Yes ☐ No
   Is applicant an additional insured on instructors' policy? ☐ Yes ☐ No
3. Check all courses provided: ☐ Hunter Safety Program ☐ Youth Gun Safety Program ☐ Home or Personal Protection Program ☐ Police or Law Enforcement Program ☐ Security Training ☐ First Aid/CPR ☐ Concealed Carry Firearms ☐ Other:
4. Is the instructor certified? ☐ Yes ☐ No
   If yes, select type: ☐ NRA ☐ USCCA ☐ NLEFIA ☐ Other:
5. Do you offer any holster draw certification classes? ☐ Yes ☐ No
   If yes, is live ammo utilized? ☐ Yes ☐ No

PROPERTY INFORMATION:

1. Do you lease or own the building(s)? Lease
   If lease, does lease require you to insure the Improvements & Betterments? ☐ Yes ☐ No
   If so, advise the "Tenants Improvements and Betterments" Replacement Cost?
2. Are there any other tenants in the building? ☐ Yes ☐ No
3. Is there a watchman/security service on premises? ☐ Yes ☐ No
4. Do you currently have a centrally monitored burglary alarm? ☐ Yes ☐ No
   If yes, does it include panic button? ☐ Yes ☐ No
   Do you currently have a centrally monitored fire/smoke alarm? ☐ Yes ☐ No
   Is the alarm (select all that apply): ☐ Burglary ☐ Fire ☐ Smoke/Heat ☐ Central Station Monitored ☐ Local
   Battery Backup? ☐ Yes ☐ No
   Installed and services by:
   ***Centrally monitored burglary and fire/smoke alarms required for our program.**
5. Describe your camera/visual monitoring systems:
   Type of System: ☐ CCTV ☐ Other:
   Is archived footage retained for at least 30 days? ☐ Yes ☐ No
6. Doors are (select all that apply): ☐ Metal ☐ Glass ☐ Frame
7. Do windows and doors have roll down metal shutter? ☐ Yes ☐ No
8. Are there crash bars in front of windows and doors? ☐ Yes ☐ No

9. Are there crash bollards? ☐ Yes ☐ No
   Are there concrete barriers/planters? ☐ Yes ☐ No
   If no, do you agree to add? ☐ Yes ☐ No

10. How are firearms secured during business hours to prevent theft? ☐ Yes ☐ No
    After Hours?
    If not secured, describe additional safeguards taken against "Smash & Grab":

11. Describe gun safe storage manufacturer, type, class, (listed on the label on safe door):

12. Does building have lighted 'exit' signs, with emergency exit lighting? ☐ Yes ☐ No

13. Has the building been converted from its original intended purpose? ☐ Yes ☐ No

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

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

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 Website: www.firearmsins.com Email:
submissions@firearmsins.com

Edition: 2/20/2026

RANGE OPERATIONS SUPPLEMENTAL N/A

General Information

1. Location of Range:
2. Type of Range (select all that apply): ☐ Indoor ☐ Outdoor ☐ Pistol ☐ Rifle ☐ Air Gun ☐ Archery ☐ Simulation ☐ Paint Ball ☐ Trap, Skeet, or Sporting Clays
3. Maximum distance shot per range: Indoor Outdoor
4. Is the range open to (select all that apply): ☐ Public ☐ Club Members ☐ Law Enforcement
5. Number of Lanes: Indoor Outdoor
6. Do you have an outdoor Field Range? ☐ Yes ☐ No
   If yes, range dimensions: Maximum Distance Shot:
7. Are fully automatic firearms allowed to be used at range? ☐ Yes ☐ No
   If yes, how many?
   If yes, please attach written safety SOP/procedures.
8. Is ammo allowed that is steel "brass"? ☐ Yes ☐ No
9. Is Tracer or Incendiary ammo allowed? ☐ Yes ☐ No
10. Do you rent any area for private functions? ☐ Yes ☐ No
    If yes, is it rented to: ☐ Members ☐ Non-Members
11. Do you host shooting events? ☐ Yes ☐ No
    If yes, how many per year?
12. Describe the partitions between firing points:
13. How do you dispose of spent brass and lead?
14. Please indicate if any of the following are rented to customers (select all that apply): ☐ Handguns ☐ Bows ☐ Rifles ☐ Semi-Automatic ☐ Fully Automatic ☐ Suppressors
15. What form of identification is required from the renter? (i.e., driver's license, photo ID's):
16. How do you determine the experience of the renter prior to providing the rental?
17. Do you provide any league or competitive shooting? ☐ Yes ☐ No
    If yes, explain:
    If yes, what is the frequency?
18. Is the range visible from the retail section? ☐ Yes ☐ No
19. Is there a viewing/waiting area located on premises? ☐ Yes ☐ No
20. Do you allow holster firing on the range? ☐ Yes ☐ No

If yes, does the insured agree to discontinue and add a range rule prohibiting any holster firing on range?
☐ 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. Describe the ventilation system your range uses:
   Does your air handling/filtration system include the following: ☐ Fresh Air Intake ☐ CO Detectors ☐ Both ☐ Neither (please explain):
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, do you agree to add? ☐ Yes ☐ No
14. Are shooters required to sign liability waiver? ☐ Yes ☐ No
    If yes, do you utilize electronic waiver? ☐ Yes ☐ No
    If no, please describe procedures for filing paper waivers:
15. Do you require reviewing a range safety video? ☐ Yes ☐ No
    If yes, do you require acknowledgment of viewing in writing? ☐ Yes ☐ No
    If no, do you agree to add? ☐ Yes ☐ No
16. Are 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
21. Describe your range maintenance program, including range maintenance log, the procedure for cleaning the range floor, walls, ventilation system, and filtration system, describe the protective clothing worn, equipment used and protection of maintenance personnel, such as blood tests:

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 Website: www.firearmsins.com
Email: submissions@firearmsins.com
Edition: 2/20/2026

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. Gunsmith Revenue:
4. Describe gunsmith services offered:
   ***List any special services you perform by attaching a copy of your service list, showing the special services provided.**
5. Do your services include any "bluing" or other hot surfaces? ☐ Yes ☐ No
   If yes, is bluing facility outside the main building? ☐ Yes ☐ No
6. Do you alter firearms from the original factory specifications? ☐ Yes ☐ No
   If yes, describe alterations:
7. Do you build or assemble firearms? ☐ Yes ☐ No
   If yes, complete the following:

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

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

   III. Do you pay any Federal Excise Tax? ☐ Yes ☐ No

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

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

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

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 Website: www.firearmsins.com
Email: submissions@firearmsins.com

Edition: 2/20/2026

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.

Applicants Signature: Dated:

Applicant 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:

Producers Name (Please Print):

Producers Agency/Entity: