



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

SHOOTING RANGES AND HUNTING DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Web Address: _____ E-Mail Address: _____
7. Is this a new business? Yes No If no, how many years have you been in business? _____
8. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
9. Length of season: _____

Insurance History

10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____

Limit of Liability:

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate | <input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate |
| <input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate | <input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate |
| <input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate | <input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate |
| <input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate | <input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate |
| <input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate | <input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate |

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 Other: \$ _____

1. Business Activities

2. Length of season: _____
3. Do you desire Products Liability (i.e., sales of products which can be used off your premises; ammunition, fire arms, etc.):
 Yes No

If yes, list all products you now sell, or expect to sell: _____

4. Do you desire Completed Operations Coverage for gunsmithing of shotguns or any other service work you perform? Yes No
5. Number of Skeet and Trap Fields: _____ Sporting Clay Fields: _____
6. Number of Stations: _____
7. Rifle/Pistol facilities, number of stations that are:
- Indoor, Shuttered: _____ Indoor, Open: _____
- Outdoor, Shuttered: _____ Outdoor, Open: _____
8. Number of Skeet and Trap "House Guns" that you loan or rent: _____
9. Number of Pistol/Rifle "House Guns" that you loan or rent: _____
10. Does your facility meet NRA Specifications? Yes No
11. Does your facility meet all town ordinances and codes, for safety, noise and permits? Yes No
12. Please list all buildings currently existing on your premises: _____
- _____
- _____
13. Please supply a detailed field layout of your facility. This should include acreage, distance between boundaries, access roads, clubhouse, parking facilities, location of shooting fields and any other target range activities including distance to impact areas and backstop of impact areas (i.e., wooded hills, sand hills, etc.) A survey map or hand-drawn layout is acceptable. Please use separate sheet of paper for layout.
14. Please enclose aerial photographs or diagrams showing locations of facilities, acreage, lakes, ponds, and streams, etc.
15. Do you contemplate any structural alterations, demolition, new field or facility construction? Yes No
- If yes, please explain: _____
- _____
16. Do you have a swimming pool, docks, or water sports facility on the premises? Yes No
- If yes, please explain: _____
- _____
17. Do you charge a fee for parking facilities? Yes No
18. Do you rent, lease or loan any equipment or firearms for use off your premises? Yes No
19. Do you provide any of the following facilities? Vending Machines Restaurant Snack Bar
20. If you have a restaurant or snack bar, do you franchise or lease this operation to others? Yes No
21. What are the annual receipts? \$ _____
22. Are alcoholic beverages sold? Yes No
23. Is your property posted? Yes No
- If yes, explain how, in detail, including how often posted signs are checked for vandalism or needed repairs: _____
- _____
- _____
24. Number of days open per week? _____ Spring _____ Summer _____ Fall _____ Winter
25. Are guides available? Yes No
26. Are dogs available? Yes No
27. Total gross income last year, from all operations (including range, hunting and other): \$ _____

28. Total gross receipts breakdown for range operation (if none, state none):

	Your Club	Public	Other Clubs Scheduled Tours/Events
Skeet, Trap	\$	\$	\$
Sporting Clays	\$	\$	\$
Big Bore Rifle	\$	\$	\$
.22 Caliber Rifle	\$	\$	\$
Pistol	\$	\$	\$
Pistol Silhouette	\$	\$	\$
Black Powder	\$	\$	\$
Archery	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL	\$	\$	\$

29. Gross receipts breakdown, sales:

Sale of New / Used Firearms	\$
Sales of Factory Ammunition (i.e. by the case or not for Immediate use on your premises)	\$
Sales of Reloading Components (i.e. Shot, Hulls Powder, Primers)	\$
MI other Products (i.e. wearing apparel, cleaning equipment, etc.)	\$
Gunsmithing or other services	\$
Other (explain):	\$
TOTAL	\$

NOTE: If you sell any powder or primers, reloading equipment (i.e. MEC, Ponsness/Warren, etc.) target throwing machines or parts, coverage can only be considered if you provide a copy of a Current Certificate of Insurance from the manufacturer, wholesaler or distributor.

30. Gross receipts breakdown, food:

Restaurant	\$
Lounge	\$
Other (explain):	\$
TOTAL	\$

31. Approximate percent of ammunition sold for:

Use on your premises		Use off of your premises	
Factory	%	Factory	%
Reloads you purchase	%	Reloads you purchase	%
Reloads you load	%	Reloads you load	%

32. Are Range Pistols, Rifles chained or affixed to stations? Yes No
33. Do you have a designated "Range Safety Officer" making rounds while the range is open? Yes No
34. Describe or list all safety rules, requirements or procedures at your flanges (i.e. number of certified instructors, posted range rules, hearing and eye protection requirements, etc.)

35. What supervision and/or controls are in place? And how do these controls reduce risk and promote safety?

36. How are new shooters supervised?

At Skeet and Trap Fields: _____

At Rifle/Pistol Stations: _____

37. Do you enforce any age restrictions for participation in any activity? Yes No

If yes, please explain: _____

38. Is any public shooting sponsored by any hotels, resorts, schools, clubs or any other organization? Yes No

If yes, please indicate type of organization and their percent of public shooting: _____

39. Total gross income last year, hunting operations: \$ _____

40. Breakdown of total gross receipts last year (if none, state "none")

	Your Club	Public	Other Clubs Scheduled Tours/Events
Pheasants	\$	\$	\$
Quail	\$	\$	\$
Chucker	\$	\$	\$
Ducks	\$	\$	\$
Goose	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL	\$	\$	\$

41. Number of Birds Harvested

	Your Club	Public	Cost per Bird – Your Club	Cost per Bird – Public
Pheasants			\$	\$
Quail			\$	\$
Chuckar			\$	\$
Ducks			\$	\$
Goose			\$	\$
Other (explain):			\$	\$
TOTAL			\$	\$

Total Gross Income Last Year operations:

	Your Club	Public	Other Clubs Scheduled Tours/Events
Dog Training	\$	\$	\$
Dog Boarding (please list number of kennels: _____)	\$	\$	\$
Dog sates	\$	\$	\$
Horse rental (please list number of horses: _____)	\$	\$	\$
Guides	\$	\$	\$
Overnight Guests			
Other (explain):	\$	\$	\$
TOTAL	\$	\$	\$

REPRESENTATIONS AND WARRANTIES

The “Applicant” is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant’s request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including,

but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name

P.O. Box 526148 Salt Lake City, Utah 84152-6148
Phone: 1-800-321-1493 • Fax: 1-800-666-9011 • E-Mail: isera@smallcompanyinsurance.com
Web Site: smallcompanyinsurance.com/isera/isera.htm