



FMP PROGRAM SUPPLEMENTAL APPLICATION

AU FMP 1.10.2024

Legal Name of Company: _____

Other Named Insureds (if any): _____

Physical Address: _____

Mailing Address: ___ Same. If different: _____

Type of Business: ___ Corporation ___ Partnership ___ Individual ___ LLC ___ Other

Federal Employer ID # _____ Years in Business: _____

Website Address/URL: _____ Social Media Platform(s) used: _____

List any associations in which you are a member: _____

Have you ever been canceled, restricted, or refused to renew your products liability insurance? Yes No

If Yes, Explain _____

List all Federal Firearms License types you currently hold and their numbers: _____

Have you ever had any Federal Firearms License revoked: Yes No Do you have an SOT? Yes No

What was the date of your last ATF inspection? _____ Were there any violations cited? Yes No

If yes, how did you resolve the citation? _____

SECTION I - GENERAL LIABILITY - PRODUCT / REVENUE / OPERATIONS INFORMATION

Check and enter all information that applies with respect to the operations of your business:

Projected Gross Receipts

Firearm Manufacturer \$ _____ Types of firearms produced: _____

Ammunition Manufacturer \$ _____ Any reloading operations? Yes No (If yes, see below)

Ammunition Reloading \$ _____ Types of ammunition reloaded: _____

Distributor/Wholesaler \$ _____ Types of products distributed: _____

Importer/Exporter \$ _____ Types of products imported/exported: _____
Country of Manufacturing: _____

Firearms Importer only \$ _____ Types of Firearms imported: _____
Country of Manufacturing: _____

Mfg other products - (Shooting Sports) \$ _____ List of other products produced: _____

Firearms Retail/Dealer \$ _____

Certified Firearms Instruction \$ _____ Number of Certified instructors: _____

Indoor/Outdoor Ranges \$ _____ Number of Indoor Ranges: _____ Number of Outdoor Ranges: _____

Trap, Skeet & Sporting Clay \$ _____ Number of Fields: _____

Hunting/Shooting Club Asso. \$ _____ Number of Members: _____

Other \$ _____ Describe and provide ISO CGL Class code: _____

Gunsmith Services Total Gunsmith Revenue: \$ _____ Payroll: \$ _____ Number of Gunsmiths: _____

Total Projected Revenue/Sales next 12 months: \$ _____



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SECTION I – GENERAL LIABILITY – CONTINUED - PRODUCT / REVENUE / OPERATIONS INFORMATION

Do you operate any other businesses from this location? Yes No
If yes, please identify type (e.g. Corporation, Partnership, Individual, LLC, or Other) and a detail description. _____

Please advise security procedure, guarding against theft or burglary, are in place to safeguard your product while on premises during business hours and when closed for business? _____

Do you sell to any customers who require you to name them as an additional insured on your general liability policy? Yes No If yes, please describe: _____

Do you have any contracts or lease agreements that require you to name them as Additional Insureds on your General Liability Policy? Yes No If yes, list Additional Insureds: _____

PART A – GENERAL LIABILITY - EMPLOYEE TRAINING

Total Number of Employees: _____ Projected Payroll Next 12 Months \$ _____

Do you conduct background investigations on all new hires? Yes No

Do you provide continuing education training to your employee? Yes No
If yes, what type and how often? _____

Have you and your employees read and understand Form 4473, as well as all other Federal, State and Local laws regarding the distribution of guns, ammunition, and gun powder (black and smokeless)? Yes No

Do you or your employees hold any special certifications or training? Yes No
If yes, please describe? _____

PART B – GENERAL LIABILITY - RISK MANAGEMENT / LOSS CONTROL

Do you have a written safety program for which specific individuals have responsibility for implementation? Yes No

Since the inception of your company, have you had a voluntary or involuntary recall? Yes No

Do you have a written product recall plan in place? Yes No Do you have a separate Recall Policy? Yes No

Do you have a written procedure for accidents, injuries, and complaints involving your products? Yes No

a. If yes, do you examine, preserve, and store the alleged defective product? Yes No

b. If yes, have you made your distributors or consumers aware of needing this information? Yes No

c. If yes, are the results recorded and maintained? Yes No How many years? _____

Have your products ever been subject to an inquiry or investigation relative to product safety by a governmental agency? Yes No If yes, please advise: _____



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PART C – GENERAL LIABILITY - BASIC PRODUCT INFORMATION

Are ALL your firearm/ammunition products purchased from U.S. manufacturers or distributors? Yes No

If no, _____% are directly imported by you from foreign companies

_____% are purchased from foreign wholesalers/distributors

If no, and you are a direct importer, are you named on a foreign manufacturer’s insurance policy for vendors liability coverage? Yes No

Do you import foreign products that go into the products that you manufacture? Yes No

If yes, what products: _____

If yes, are you added as an additional insured onto their foreign policy? Yes No

(Provide a copy of the applicable Vendors Endorsement / AI / Certificate of Insurance)

Do you distribute foreign products that you import directly? Yes No

If yes, are you added as an additional insured onto their foreign policy? Yes No

(Provide a copy of the applicable Vendors Endorsement / AI / Certificate of Insurance)

Have you discontinued or are considering discontinuing any product(s) to be covered by this Insurance Policy?

Yes No If yes, please describe: _____

Are you contemplating any new products? Yes No

If yes, please describe: _____

Do you perform the design work on your own products? Yes No If yes, please describe: _____

Are your products designed, tested, labeled, and manufactured to meet or exceed all governmental and industry standards? Yes No

Are your designs subject to independent external review, testing or certification? If “yes”, please advise:

a. Are Written quality control and testing procedures followed? Yes No

b. How long do you maintain quality control records? _____

c. Do your records indicate the date and the procedures followed when each product was tested?

Yes No

Do you sub-contract any of your manufacturing or gunsmithing operations? Yes No

If yes, do you have a written contract in place, verify insurance or are named as an additional insured?

Yes No If no, please advise? _____

Does the insured have a written marketing plan in place? ___ Yes ___ No If yes, Please submit a copy of your written policy for marketing/advertising and social media.

Please provide the name and title of the person responsible for Marketing, and/or Advertising.

Who in the organization handles the social media presence? _____

Is any of the Marketing/Advertising associated with online games/video games? ___ Yes ___ No If yes, advise.



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PART D – GENERAL LIABILITY - FIREARMS & PARTS MANUFACTURING

Not Applicable

Name of Applicant: _____

What do you manufacture? Parts only, Complete Firearms only OR Both parts and firearms

Do you manufacture the receiver? Yes No

If no, who do you purchase the receiver from? _____

Do you use or sell any used firearms parts? Yes No

Do you manufacture 80% Lowers? Yes No If yes, % of Sales _____ Who sold to: _____

Do you Manufacture stripped lowers? Yes No What % of manufactured parts are lowers? _____%

What % of parts manufactured are Uppers? _____% What % of manufactured parts are Triggers? _____%

List the top 5 parts made in addition to the above parts: _____

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

Are they new or used? New Used

Do you perform a quality control test on the firearm after being assembled? Yes No

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

Does your name appear anywhere on the firearm? Yes No Please advise where: _____

Do you provide a written owner's manual, warning, and safety instruction with each firearm? Yes No

Do you custom build or manufacture a firearm to the specifications of your customers? Yes No

If Yes, do you require they test the product upon receipt? Yes No

Do you use 3D Printers in your manufacturing operation? Yes No

Do you offer any warranties on any of your products or do you sell any products that offer warranties? Yes No

Do you offer personal training or instructions in the use of any product(s)? Yes No

Do you manufacture any Fully Automatic Firearms? Yes No If Yes, Complete rest of this page.

Number of full-auto firearms on premises: _____

Estimated Revenue from the sales of Fully Automatic Firearms: _____

Where/how are these firearms stored during business hours? _____

After Business Hours? _____

Who do you sell fully Automatic Firearms to? _____



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PART E – GENERAL LIABILITY - AMMUNITION MANUFACTURING

Not Applicable

Name of Applicant: _____

Do you manufacture or reload ammunitions? Manufacture Reload Both

What type of ammunition do you manufacture or reload? _____

Do others manufacture ammunition for you? Yes No

a) Do you obtain a certificate of insurance from the manufacturer? Yes No

b) Do you provide the packaging? Yes No

c) Does your name appear on the packaging? Yes No

Is all ammunition newly manufactured? Yes No

a) What are your total sales of reloaded ammunition? \$ _____

b) What are your total sales of new ammunition? \$ _____

Was any formal training completed with regards to reloading operations (e.g. NRA course completion and certified)? Yes No (Attached copy of certification)

Do you utilize a reloading reference manual? Yes No

If yes, please provide name and edition date of manual: _____

Do you identify your product on the packaging? Yes No

If yes, please provide copy of packing with instructions and warning labels.

Do you put a serial number or a print identifier on your packaging that identifies your product? Yes No

Are the casing utilized: New Used - Please list type (e.g. Brass, Lead, Aluminum, etc.): _____

Are quality control measures in place to check individual product runs? Yes No

If yes, how are results recorded and kept for reference: _____

Do you randomly test? Yes No

Do you provide a written owner’s manual, warning, and safe handling instructions? Yes No

For all Reloading Ammunition operations, please identify the equipment utilized:

Shell Holders Measuring Tools Meplat Uniforming Equipment Loading Blocks Case Cleaning

Case Preparation Reloading Press Powder Handling Equipment Priming Tools Bullet Casting

Describe procedures used to check for Gas, Lube & Sizer Dies, Top Punches, Cast Moulds, etc?

Is a casting furnace utilized in your operations? Yes No

If yes, please advise the placement of the furnace _____

If yes, is the area ventilated properly (describe) _____

Do you carry black Powder? Yes No If yes, how much Black Powder to you display? _____ lbs.

Describe how you store your stock of Black Powder that is not displayed? (Including types of magazines and/or containers) NOTE: Safes are not acceptable. _____



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PART E – GENERAL LIABILITY – CONTINUED - AMMUNITION MANUFACTURING **Not Applicable**

How much Smokeless Powder do you display? _____ lbs.
How do you store the remainder of Smokeless Powder that is not displayed? _____

If yes, do you comply with NFPA Rule 495, storage procedures? Yes No

Has your local Fire Department approved your storage of Black and/or Smokeless Powder? Yes No
If no, why? _____
Attach written approval, if available.

Is your production building equipped with a fire sprinkler system? Yes No
If yes, what percentage of building is sprinklered? _____%

Do you have a contract in place for the maintenance of the sprinkler system? Yes No
What are your procedures in the event of a fire? _____

Do you have firewalls within your building(s)? Yes No
If yes, describe how flammable material are separated operations: _____

PART G – GENERAL LIABILITY - GUNSMITH **Not Applicable**

Name of Applicant: _____

Do you use the services of any gunsmiths who are not your employees? Yes No
Please attach certificates of insurance from each gunsmith not employed by you.

Complete the following for each employed gunsmith, including yourself.

Name	Years' Experience	Special Training
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the specific services that you perform. _____

Note: Attach a copy of your Service Price List, showing the specific services you provide.

Do you perform any gun bluing operations? Yes No

Do the Gunsmith(s) have a written quality control check list they follow? Yes No

Do you alter firearms from the original factory specifications? Yes No
If yes, describe _____



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PART G – GENERAL LIABILITY – **CONTINUED** - GUNSMITH

Not Applicable

Do you build or assemble firearms? Yes No If yes, complete the following:

- a) Number of units assembled per year: _____
- b) Number of actions/receivers supplied by the customer? _____ By you? _____
- c) Do you manufacture the receiver? Yes No If no, indicate the actual manufacturer of the receiver(s). _____
- d) Do you pay any Federal Excise Tax? Yes No
- e) Do you put a serial number on the firearms? Yes No
- f) Are the actions/receivers utilized new or used? New Used
- g) Does your name appear anywhere on the firearm? Yes No If yes, describe _____
- h) Are you familiar with the history of the actions/receiver’s manufacturer? Yes No
- i) Are the actions/receivers thoroughly checked prior to assembly? Yes No
- j) Do you test the firearms after assembly? Yes No
- k) Do you provide an owner’s manual, handling, or safety instructions? Yes No

PART F – GENERAL LIABILITY - **SPORTING GOODS RETAIL STORE**

Not Applicable

Do you perform any gunsmithing Services? Yes No If **Yes**, please complete **Section VIII – Gunsmith**.

Do you sell by mail order? Yes No If yes, % of gross sales: _____

Do you sell over the internet? Yes No If yes, % of gross sales: _____

If yes, describe all products sold or provide us with your catalogue, advertisement and/or internet address: _____

If yes, do you have procedures in place to address state specific laws/regulations? Yes No

List all states, jurisdictions that you will **NOT** ship to: _____

Do you ship to license FFL Dealers? Yes No

If yes, do you secure and keep a copy of the FFL Dealers License on file? Yes No

Do you sell ammunition with your label not manufactured by you? Yes No

If yes, does the manufacturer provide a “Vendors Endorsement” liability insurance with you as an insured? Yes No

Do you sell or provide hand loaded ammunition? Yes No

Do you sell at gun shows? Yes No If yes, what percentage of your sales are at gun shows? _____%

Have employees been trained in the detection of Straw Sales (Don’t lie for the Other Guy)? Yes No



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PART F – GENERAL LIABILITY – **CONTINUED** - SPORTING GOODS RETAIL STORE **Not Applicable**

Do you have a policy established for use of force for your employees? Yes No Are they trained? Yes No

Do you ship guns outside of the Country? Yes No If yes, are you ITAR Compliant? Yes No

Do your employees carry firearms during working hours? Yes No

Do you participate in pawn/Pawn shop operations? Yes No

Provide the average number of guns in your inventory for the types listed below:

NEW		Used or Consignment	
Total	Number	Total	Number
Rifles	#	Rifles	#
Shotguns	#	Shotguns	#
Muzzle Loaders	#	Muzzle Loaders	#
Handguns	#	Handguns	#

All other Products sold:

Please confirm products that are currently sold. Also, if there are any products sold in the past, but have been discontinued, please indicate those as well.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Archery Equipment | <input type="checkbox"/> ATV or Other Recreational |
| <input type="checkbox"/> Automobile Parts and Accessories | <input type="checkbox"/> Baseball, Hockey or Football Equipment |
| <input type="checkbox"/> Bicycles | <input type="checkbox"/> Boats, Wave Runners or Jet Skis |
| <input type="checkbox"/> Chainsaws | <input type="checkbox"/> Farm Machinery or Equipment |
| <input type="checkbox"/> Fuel Oils, Kerosene, Propane Gas
(do you refill tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No) | <input type="checkbox"/> Gas Stoves (portable Type), Kerosene or electric
Stove or Space Heater |
| <input type="checkbox"/> Gymnastics Equipment | <input type="checkbox"/> Ice or Inline Skates |
| <input type="checkbox"/> Liquor, Wine or Beer | <input type="checkbox"/> Martial Arts Supplies |
| <input type="checkbox"/> Paint Ball Equipment | <input type="checkbox"/> Police Protective Equipment or Bullet Proof Vests |
| <input type="checkbox"/> Scuba or Skin Diving Equipment | <input type="checkbox"/> Skiing Equipment |
| <input type="checkbox"/> Tree Stands, Tree Steps or similar Devices | <input type="checkbox"/> Weight Training and Exercise Equipment |
| <input type="checkbox"/> Other – Please describe _____ | |



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PART H – GENERAL LIABILITY - SHOOTING RANGES	<input type="checkbox"/> Not Applicable
-----------------------------------------------------	------------------------------------------------

Location of Range (if separate from main location): _____

What are your range hours? _____ How long has the applicant managed the facility? _____

What is the applicant’s background and experience in the operation of a shooting range? _____

Type of Range (check all that apply): Air Gun Archery Paint Ball Pistol Rifle Simulation
 Trap, Skeet or Sporting Clay

Range(s) is/are: Indoor Outdoor

Is the Range Open to: Public Private–Members only Law Enforcement and or Military

Indoor Range: Complete below OR **Not Applicable**

Was the range designed by an engineer or other professional (NSSF, NRA, Army, other?) and is in compliance with any recognized Standards (i.e. AAC, NFAA, etc.)? Yes No If No to either, advise what specifications were used: _____

Number of Lanes: _____ Number of Range Supervisors: _____

Number of range supervisors with NRA Instructor equivalent certification: _____

What is the maximum shooting distance? _____

Is the range visible from retail section if part of a retail operation? Yes No

What is the construction of the building? _____

Describe the ventilation system. _____

Describe the backstop _____

Describe the partitions between firing points _____

How do you dispose of the spent brass and lead? _____

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 Range: Complete below OR **Not Applicable**

Number of fields: _____ Number of Lanes: _____

Are there warning signs posted around the facility, at frequent intervals, indicating “NO TRESPASSING” and “LIVE FIRE”? Yes No

Describe the impact area/backstop construction: _____

If this is a hunting preserve, what is the total acreage: _____

What is the maximum shooting distance? _____



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PART H – GENERAL LIABILITY – CONTINUED - SHOOTING RANGES

Not Applicable

Range Safety and Protection:

Are there any written safety policies, procedures, or rules for staff/employees and/or shooters? Yes No

Does range have a public address system that shooters can hear? Yes No

Describe safety requirements, rules, and procedures at your range. Include a photograph of posted range regulations and safety rules. Provide us with a copy of your policy and procedure manual. _____

Are range rules/safety guidelines posted in a conspicuous manner? Yes No

Are they discussed with shooter? Yes No

Are all shooters required to sign a liability waiver? Yes No If yes, please provide a copy.

Do you enforce eye and hearing protection? Yes No Do you provide any if customer does not? Yes No

What is the Ranges minimum age restrictions to shoot handguns? _____ Long Guns? _____

What is the minimum age allowed to shoot with an adult? _____

Are shooters owned firearms inspected at check-in? Yes No If yes, by whom? _____

Is the premises secured and locked when not in operation? Yes No

Do you require an NRA Certified Range Safety Officer or Chief Range Safety Officer on premises during operation hours? Yes No Number of Range Safety officers on staff: _____

Is a Rangemaster or Range Safety Officer present on the firing line when the range is operating? Yes No

If no, how do they control the firing line? _____

Number of employees with Medic First Aid Certification? _____

Will any tournaments or "Spectator Special Events" be held this year? _____ If yes, explain: _____

Do you provide firearms training or instruction? Yes No If yes, Complete **Section II**.

If yes, do you require Professional Liability Insurance? Yes No

Do you rent firearms at your range? Yes No

a) Which of the following forms of identification do you require from customers wishing to rent guns?

Picture Drivers License Social Security Care Firearms Safety ID Card NRA ID Card

School/Employment ID Card Firearms ID Card Hunters Safety Care

b) Do you determine renter's experience by requiring them to complete and sign a Firearms Experience Application? ___ Yes ___ No

If yes, attach a copy. If no, it must be implemented into your procedures. A sample is available upon request.



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PART H – GENERAL LIABILITY – **CONTINUED** - SHOOTING RANGES

Not Applicable

Is there a separate area for spectators? Yes No If yes, please describe the spectator area: _____

Provide a copy of Emergency Procedures that have been developed at your range.

a) Are First-Aid supplies available at each range? Yes No

b) Are emergency telephone numbers (Police & Ambulance) prominently displayed? Yes No

16. Club House Facilities:

a) Do you serve or sell liquor? Yes No

b) Do you serve or sell food? Yes No Do you prepare and/or fry food? Yes No

c) Do you rent the clubhouse for private functions to Members Non-Members?

Examples: Parties, Special Events or Meetings (Provide details on a separate sheet of paper)

Do you host shooting events? Yes No If yes, How many per year? _____

ADDITIONAL REQUIREMENTS:

- Acord Application – 125, 126, 131 and 140 if multiple locations provide an excel statement of values.
- Currently valued hard copy loss runs for the **past 5 years**. No Known or Reported Loss Letter properly executed by the applicant is acceptable on new ventures. Detailed summary of loss(es)
- Copy of current Federal Firearms License (FFL), if applicable - Special Occupancy Tax (SOT) and any local or state licenses
- Have you ever been fined by or had your FFL suspended/revoked by the ATF for any violation?
If yes, please provide details for any/all violations.
- Any prior product recall or safety announcements, etc.? If so, please provide a copy.
- Product Safety Manuals, Warnings, Literature regarding use and/or maintenance of product(s).
- Copies of liability Waiver/hold-harmless agreement used in their business. i.e. Equipment lease agreement, land lease agreements, or subcontractor. If subcontractor need copy of a certificate of insurance.
- New Ventures – Copies of resume(s), and evidence of experience/certification/specialized training.
- Range and or Certified Firearms Instructors:
Copy of current accreditations or certifications for Ranges and RSO's
Copy of waiver shooter sign and/or a rental agreement
- If not detailed in a website, provide a brochure describing all products and/or services.



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SECTION II – CERTIFIED FIREARMS INSTRUCTOR PROFESSIONAL LIABILITY Not Applicable

Instructions: Complete this section only if Certified Firearms Instructor Professional Liability is requested

- A. Please answer all questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state "N/A". If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number to which the exhibit corresponds.
- C. The application must be signed and dated by an authorized officer, partner or principal of the applicant.
- D. Attach copies of current certifications, by Instructor, internal controls and or quality control procedures.

How many Instructors are employed? Include full and part time if applicable. _____

Are all Instructors employees or independent contractors? _____

If not employees, give details: _____

Give Names and Ages of all Instructors: _____

Are you certified as an instructor? Yes No

If yes, list the certifying entity (e.g. NRA, etc.) _____

If NRA, are all Instructors current members? Yes No

Please list instructional courses completed and have current certification in:

Please list instructional courses completed and have current certification in:

Are classes conducted in a classroom facility or range facility? Yes No

Is there live-fire training? Yes No

If yes, please list:

Provider of firearm: Student Range Other If Instructor/Range, please list types of firearms: _____

Provider of ammunition: Student Range Other



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SECTION II – CONTINUED - CERTIFIED FIREARMS INSTRUCTOR PROFESSIONAL LIABILITY

Do you provide any simulation or security training courses? Yes No

Any additional background including military or law enforcement experience? Please provide Details:

I /We understand any person who knowingly and with intent to defraud any insurance company or another person 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 and subjects the person to criminal and civil penalties.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to the questions on this application. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant’s Signature: _____, Dated: _____

Applicant’s Name (Please print) _____, Title: _____

SECTION III – PROPERTY UNDERWRITING SUPPLEMENTAL Not Applicable

Wherever limits of coverage are requested, please provide the total values at current replacement cost. (Cost to replace new, with materials of like quality and kind, Not Market Value)

Please complete this section for each building/location.

Proposed effective date of coverage _____

Present insurance carrier, expiration date & premium _____

Has coverage been canceled or non-renewed within the past three years? (Missouri applicants need not respond)

Reason: _____

Describe all property losses within the past five years including the date, the amount, type of loss, whether paid or not. Indicate additional safeguard and/or improvements to prevent similar losses. Please confirm if no losses. Use additional paper if necessary. _____

If located in a coastal state, how many miles to the nearest body of water? _____



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PART A – PROPERTY - PREMISES INFORMATION (NEED FOR EACH LOCATION):

Location Address: _____

Construction: Wood/Frame Joisted Masonry Masonry Non-Combustible

Metal Fire Resistive Tilt Up Concrete Modified Fire Resistive

Approximate year built: _____ Roof Type _____

Date of last upgrades: Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____

Number of floor (s): _____ Square feet per floor: _____

Total Building Area (Sq. Ft.) _____ Total area you occupy: _____

Distance to nearest hydrant or hydrants? _____

If none, describe the water source in the area _____

Distance to Fire Department _____ Paid _____ Volunteer _____

Is the building free standing? Yes No Are you the: Owner Tenant

Does your lease require you to insure the Improvements & Betterments (from walls in)? Yes No

If so, advise the Total Replacement Cost? _____

Do you require Additional Insured Landlord? Yes No

Are there any other tenants in the building? Yes No

If yes, please identify tenants(s) and operations(s): _____

Neighboring occupancies and distance: Left _____

Right: _____ Rear: _____

Are there metal bars in front of doors and windows? Yes No

Are there crash barriers in front of building? Yes No

Are doors metal, glass, or frame? _____

Are there roll down metal shutters in front of doors and windows? Yes No

Is the building equipped with a sprinkler system? Yes No If yes, ___ Full ___ Partial

If partial, what area is covered? _____

Add Sprinkler Leakage Coverage? Yes No

Is there a sprinkler maintenance contract? Yes No

Date of last sprinkler test: _____ (The sprinkler test must be completed annually)

Name and address of Mortgagee: _____

Name and address of Loss Payee (Equipment): _____



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PART B – PROPERTY - ALARM SYSTEM INFORMATION Not Applicable

Make & Model: _____

Is the alarm: ___ Burglary ___ Fire ___ Smoke/Heat ___ Other If other, describe: _____
___ Central Stations ___ Police Dept. Connection ___ Local

Battery back-up? Yes No Cell phone back-up? Yes No

Any smoke detectors? Yes No If yes, ___ Battery ___ Hardwired

UL Certified? Yes No If yes, attach a copy of certificate. Also, below advise who Installed & serviced by?

Have the fire extinguishers been inspected and tagged within the last year? Yes No

Is there a watchman/security guard on premises? Yes No

PART C – PROPERTY – AMOUNT OF COVERAGE REQUESTED

Note: Amounts should equal 100% Replacement Cost.

Building limit: \$ _____ Coinsurance _____ Deductible _____
Total Limit of BPP: \$ _____ Coinsurance _____ Deductible _____

Business Personal Property consists of:

Item	Values	Each Category Describe Storage and How Secured
Long Guns	\$ _____	_____
Hand Guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery/Equipment	\$ _____	_____
Furniture/Fixtures	\$ _____	_____
Stock	\$ _____	_____

Finished Goods Coverage requested? Yes No
Total Value held for sale (**NOT**) Retail Value: \$ _____

Peak Season Coverage requested? Yes No
Covered Property _____
Additional Limit of Insurance \$ _____ Period: from _____ to _____

Equipment Breakdown: Yes No
Certification: SAAMI, ANSI, ISO? _____
Maintenance: _____



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Personal Property of Others Total \$ _____

Personal Property of Others is Personal Property in your Care, Custody and Control. (i.e.: Guns left for repair or storage). This coverage is not automatically included in "Business Personal Property"

Business Income Total \$ _____ **Coinsurance** _____ **Deductible** _____

Business Income equals: Annual Gross Sales Less Cost of Goods Sold and Expenses that do not continue while your business is closed due to a covered loss. (or Net Profit + Continuing Expenses)

Glass Value: \$ _____ **Deductible \$** _____

- a. Premises _____ Building _____
- b. Number of Plates: _____
- c. Plate Size:
 - Length _____ Width _____ Area _____
 - Description Including any letter, safety glass: _____
- Use and Position in Building: _____
- Limit of Insurance: \$ _____

Are there any painted plates? Yes No

Are plates fixed, glued or in angle settings? Yes No

Any construction for Unusual Settings? Yes No

Is Glass protected by Wire Mesh or U.L. Approved Burglary Resistant Material? Yes No

Is All Exterior Glass Above Second Floor? Yes No

Is Any Glass Structural? Yes No

Sign(s) Value: \$ _____

Property In Transit Value: \$ _____

Actual Values Shipped Annually:

How	Incoming	Outgoing	Interplant	Avg. Shipment Value
Contract Carrier	\$ _____	\$ _____	\$ _____	\$ _____
Common Carrier	\$ _____	\$ _____	\$ _____	\$ _____
Rail	\$ _____	\$ _____	\$ _____	\$ _____
Air Carrier	\$ _____	\$ _____	\$ _____	\$ _____
Owned Vehicles	\$ _____	\$ _____	\$ _____	\$ _____

PART D – PROPERTY – GENERAL INFORMATION

Do you have a gun safe? Yes No

If yes, what is the type, make and model? _____

Are all handguns locked in a safe during closing hours? Yes No

If no, describe additional safeguards taken against smash & grab (use a separate piece of paper).

Do you have power generating equipment (225Kw or higher)? Yes No

Describe other security protection: (i.e. cameras, dead bolts) _____



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PART D – PROPERTY – CONTINUED - GENERAL INFORMATION

Is building within city limits? Yes No

Are all activities and locations in compliance with applicable federal, state, and local regulations? Yes No

Do you comply with NFPA 495 storage procedures for storage of Primers, Black Powder and /or Smokeless Powder? Yes No

Do you have written approval from your Local Fire Department verifying your compliance? Yes No
(If yes, please provide a copy)

Are there any additional locations to be insured? Yes No
If yes, please complete this also for the other location(s)

Gun Shows:

Do you attend Gun Shows? Yes No If yes, provide % of sales _____

How much in inventory/business personal property will you have on site? \$ _____

PART E – PROPERTY – PRIOR PROPERTY CLAIMS INFORMATION **Not Applicable**

Do you have any knowledge of any incident which may lead to a claim? Yes No

If yes, please explain: _____

Have you had any claims in the last 5 years? Yes No Please attach Loss Runs.

If yes, please explain below:

Date	Description of Incident	Amount Paid/Reserved

FRAUD WARNINGS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

ARKANSAS, LOUISIANA AND NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person 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 and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA & WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



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NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We understand any person who knowingly and with intent to defraud any insurance company or another person 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 and subjects the person to criminal and civil penalties.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to the questions on this application. Authorized Signatory represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: _____, Dated: _____

Producers Name (Please print): _____

Applicant's Signature: _____, Dated: _____

Applicant's Name (Please print) _____, Title: _____