

Sporting Goods Store & Shooting Range  
Workers Compensation Supplement

Company Name \_\_\_\_\_  
 Primary Location \_\_\_\_\_  
 Secondary Location \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Business Type  Corporation  Partnership  LLC  Individual  Other

Principles, Officers and/or Partners		
Name	Years w/ Company	Title

Company Website \_\_\_\_\_  
 Association memberships \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total  
 General Operations  
 Hours of Operation \_\_\_\_\_ Days Opened \_\_\_\_\_  
 If seasonal indicate months opened \_\_\_\_\_

Complete Description of Operations

- |    |   |                          |     |                          |       |
|----|---|--------------------------|-----|--------------------------|-------|
| 1  | Is your facility open to the general public?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 2  | Is the use of your facility restricted to registered members?     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 3  | Is the use of your facility a combination of the 1 & 2 above?     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 4  | Do you engage in the sale of firearms?                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 5  | Do you engage in the reloading of ammunition for resale?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 6  | Do any of the employees carry firearms during business hours?     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 7  | If yes, are employees licensed and qualified to do so?            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 8  | Are all employees engaged in range operations certified?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 9  | Are all employees trained in firearm safety?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 10 | Do you offer gunsmithing services?                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 11 | If you provide gunsmithing services, do you test fire firearms?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 12 | Do you rent firearms for use on your ranges?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 13 | Do you offer and provide concealed carry courses?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 14 | Do you offer and provide shooting lessons?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 15 | Do you offer any guided hunting or fishing expeditions?           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 16 | If yes to the above   |                          |     |                          |       |
|    | Do you hire any third party guides?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
|    | Do you use horses or pack animals?                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
|    | Is there any over-water exposure?                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
|    | Do any of these expeditions include over-night travel or camping? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No    |
| 17 | Annual Revenue: Generated from range operations                   |                          |     |                          | _____ |
|    | Generated from the sale of firearms                               |                          |     |                          | _____ |
|    | Generated from the sale of factory ammunition                     |                          |     |                          | _____ |
|    | Generated from the sale of reloaded ammunition                    |                          |     |                          | _____ |
|    | Generated from gunsmithing services                               |                          |     |                          | _____ |
|    | Generated from other means  |                          |     |                          | _____ |
|    | Total Annual Revenue  |                          |     |                          | _____ |

Provide a description of operations pertaining to revenue generated from "other means"

Range Operations

18 Type of Range(s) check all that apply

<input type="checkbox"/>	Indoor Pistol	Number of lanes	<input type="text"/>
<input type="checkbox"/>	Indoor Rifle	Number of lanes	<input type="text"/>
<input type="checkbox"/>	Outdoor Pistol	Number of bays	<input type="text"/>
<input type="checkbox"/>	Outdoor Rifle	Number of lanes	<input type="text"/>
<input type="checkbox"/>	Indoor Archery	Number of lanes	<input type="text"/>
<input type="checkbox"/>	Outdoor Archery	Number of stations	<input type="text"/>
<input type="checkbox"/>	Trap	Number of stations	<input type="text"/>
<input type="checkbox"/>	Skeet	Number of stations	<input type="text"/>
<input type="checkbox"/>	Sporting Clays	Number of stations	<input type="text"/>

Max Caliber allowed	<input type="text"/>
Max Caliber allowed	<input type="text"/>
Max Caliber allowed	<input type="text"/>
Max Caliber allowed	<input type="text"/>

- 19 Are trap & Skeet rangers controlled by range officers at all times?  Yes  No
- 20 Are all rifle & pistol ranges controlled by range officers at all times?  Yes  No
- 21 Are written rules of the range openly displayed at all ranges?  Yes  No
- 22 Are all ranges in compliance with recognized and accepted standards?  Yes  No
- 23 Do any employees engage in the collection of spent ammunition?  Yes  No
- 24 Is proper personal protection equipment used during collections?  Yes  No
- 25 Do you require regular testing for lead poisoning for these employees?  Yes  No
- 26 Do you permit the use of automatic weapons on any of your ranges?  Yes  No
- 27 Do you permit the use of exploding targets on any of your ranges?  Yes  No
- 28 Do you require the use of ear and eye protection for all employees?  Yes  No

If you answer yes to questions 26 or 27 please provide more detail in the space below.

**FRAUD STATEMENTS**

**PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED,  
PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.**

**All Other States:** 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 [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

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

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in UT:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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*Applicant Name – Please Print*

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*Applicant Signature*

*(must be Officer, Owner, or Partner)*

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*Date*