



Insurance Programs for the Archery Industry

Named Insured _____ **Contact Person** _____

Phone _____ Fax _____

Other Named Insureds? _____ FEIN _____

Applicant is Individual / Corporation / Partnership / Other _____ Affiliation (group or assoc.) _____
(ATA or other associations?) _____

Mailing Address _____ City _____ County _____

State _____ Zip _____ email address _____

Township & County: _____ Website: _____

Years in Business _____ If less than 3, please describe experience _____

Expiration Date _____ Current Carrier _____ Current Premium _____
1st Prior Year _____ Current Limits: _____ occurrence
2nd Prior Year _____ aggregate

Any policy cancelled/non-renewed? If so, provide details _____

RISK INFORMATION

Description of Operation- (include comments on bow repair, storage, guns, etc): _____

Have any of the Principals ever engaged in this or similar enterprises under a different name? Yes / No If Yes, attach details

Do you operate any business or own any property other than the described premises? Yes / No

If Yes, Describe: _____

Do you have an indoor range? Yes / No

Do you have an outdoor Range? Yes / No

LOSS HISTORY

List all losses for the last five years. If no losses, enter NONE in date column.

Type of Loss	Date of Loss	Amount	Open or Closed?	Description of Loss

What limits of Liability do you require:

(for Products liability only complete 2 & 4 only)

Liability Coverage	Limit
1. General Aggregate:	_____
2. Products and Completed Operations Aggregate:	_____
3. Personal & Advertising Injury:	_____
4. Each Occurrence:	_____
5. Fire Damage (any one fire):	_____
6. Medical Expense (any one person):	_____

Employee Dishonesty\$ _____ # of Business Owned Autos _____ # of Owned Trailers _____

Computer \$ _____, Accounts Receivable \$ _____ Money/Securities: On premise \$ _____ Off \$ _____

Two signature checking? Yes or No

Date of last audit and who completed it? _____

Largest amount of petty cash kept on hand? _____

Are account statements and invoices cross-checked at reconciliation? Yes or No

Are background checks performed on employees handling funds? Yes or No

BUILDING INFORMATION Loc # _____ of _____ Number of Employees at this location FT _____ PT _____

Location Address: (if different than above) _____ City _____

County _____ State _____ Zip Code _____ **Please provide one application per location**

Municipal Town Grading at this location? _____ (local fire department can provide this information)

Building: Owned / Leased / In Home Sprinklered: Yes / No *Burglar Alarm: Central / Local Fire alarm: Central/Local
*attach Alarm Company Certificate Smoke Detectors? Yes / No

Please describe other protection: (safes, dead bolts, metal bars, crash barriers, fire extinguishers, etc.): _____

Replacement cost: Building \$ _____ Content (Furniture, Fixtures, Inventory, Equipment): _____
Or Co-Insurance% _____ Or Co-Insurance% _____

Blanket Building? Yes or No Blanket Contents? Yes or No

Property Deductible \$1000? \$2,500? \$5,000?

Inventory Peak Season Coverage needed? Yes or No. If Yes, what amount and time period _____

Tenants Improvements \$ _____ Glass if building leased (_____ linear feet)

Attached Sign \$ _____ Detached Sign \$ _____

Freestanding _____ Strip Mall _____ Enclosed Mall _____ Bordering Businesses _____

Construction of Building _____ Construction of Roof _____
(frame, cement block, pole barn Type, etc)

Year Built _____ Ground floor square footage: _____ Upstairs square footage: _____

Total Square Footage Occupied _____ Other occupants _____

Have the following been updated:

Roof Yes / No Year Updated _____ Plumbing Yes / No Year Updated _____
Wiring Yes / No Year Updated _____ Heat Yes / No Year Updated _____
Basement Yes / No ; What percent is finished? _____ Use of basement: _____

What is to the Right, Left, and behind building: _____

Boiler & Machinery coverage: Y / N Property of others: _____ Property in Transit _____
Property off Premises _____

Are surge protectors in place for all electrical equipment? Yes / No

Are there two means of exit on each floor? Yes / No

If there is an indoor range with exit door by the butts, is there a panic bar on the inside and is door inaccessible from outside? Yes / No

Are you or any employees certified instructors? Yes / No

If Yes, through what organization are you and what level: _____

Do you need an Exhibition floater on your property? Yes / No If yes what Limit: _____

How many trade shows do you attend annually? _____ In what States? _____ What Months? _____

Approximate Annual Receipts \$ _____ (Total of all) _____ % internet sales **

Please breakdown sales:

_____ % Guns # of firearms sold per year _____ # Handguns _____ # Automatic guns _____ # modified weapons _____

_____ % Ammo/Accessories _____ % Clothing _____ % Camping

_____ % Archery _____ % Shoes _____ % Athletics

_____ % Other Sporting Goods _____ % Gas _____ % Marine

_____ % Safes _____ % Fishing _____ % Food, Beer/Liquor, Grocery

_____ % Outdoor Archery Range _____ % Indoor Archery Range _____ % Tree Stands

_____ % Other please describe _____

Do you sell Reloaded ammo? Yes or No

Do you carry Black Powder? Yes or No

Do you Import from any foreign Manufacturer? Yes or No

Do you obtain certificates of product liability insurance from your manufacturers? Yes or No

Rentals Y / N \$ _____ Details _____ Repairs Y / N \$ _____

Used Equipment Y / N \$ _____, describe _____

Federal Firearms License: _____

Do you put your label on any product? Y / N

Do you manufacture any product? Y / N

Do you have a 401K Plan? Yes / No

Do you have an Employee Health Plan? Yes / No

Sponsored Events, Trips, Activities: Y / N Details: _____

Training & Demonstration Classes: Y / N Details: _____

Please Circle if you would like any of the following as these are not included:

Flood Insurance

Earthquake Insurance

Employment Practices Insurance

Directors & Officers Insurance

Hunting or Fishing License Bond

Personal Lines Insurance

Workers Compensation

Life Insurance

Liquor Liability

Data Breach

Cyber Liability

Hired or Non Owned Auto Liability

Non Owned Trailer Coverage

Umbrella Coverage

Any Mortgage? Loss Payee? Additional Insureds?

Please list:

Name Address

Name Address

Name Address

Please Describe All Ranges:

Are shooters required to sign liability waivers?

Is there someone supervising the range at all times?

Are range rules prominently displayed?

Maximum shooting distance? # of yards

Please send declaration pages from current policies so we can quote comparable coverage.

Please send photos/brochures/etc.



Please Sign & Date _____

www.businessquote.com

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