

CTS Underwriters Shooting Sports Program Workers' Compensation Supplemental Application

Company Name FEIN:

Physical Address (Location):

Secondary Locations:

Business Type: Corporation Partnership LLC Individual Other

Principles, Officers and/or Partners

Name	Yrs w/ Company	Title

Company Website: Years in Business:

Association Memberships:
(List all Groups/Associations)

General Operations

Hours of Operation: Days of week Open:

If Operations are Seasonal, Indicate periods when open for business:

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 and their guests? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3 | Is the use of your facility a combination of registered members and general public? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Do you use any livestock in the normal course of your operations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If "Yes", Provide a complete Explanation:

Number of Employees: Full Time Part Time Seasonal Total

Payroll: Paid to Full Time Employees Paid to Part time Employees

Paid to Seasonal Employees Total Annual Payroll

5 Average Turnover per year: Number of employees Percentage of Total

6 Do you engage in the sale of firearms? YES NO

7 If the answer to the above is "Yes", please provide your FFL number

8 Do you engage in the reloading or re-manufacturing of ammunition for retail sales? YES NO

9 Do any of your employees carry side arms during normal working hours? YES NO

10 If the answer to the above is "Yes", are all employees carrying side arms licensed and qualified to do so? YES NO

11 Are all employees engaged in range operations trained and certified as range officers? YES NO

12 Are all employees trained in firearm safety? YES NO

13 Do you offer gunsmithing services? YES NO

14 If you provide gunsmithing services, do you test fire firearms? YES NO

- 15 Do you rent firearms for use on your shooting ranges? YES NO
- 16 Do you offer and provide concealed carry courses? YES NO
- 17 Do you offer and provide shooting lessons? YES NO
- 18 **Annual Revenue:** Revenue generated via range operations
 Revenue generated via the sale of Firearms and Factory ammunition
 Revenue generated via the sale of re-manufactured ammunition
 Revenue generated from gunsmithing services
 Revenue generated via other means
 Total Annual Revenue:

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

- 19 Do you offer any guided hunting or fishing expeditions? YES NO
- 20 If the answer to the above is "Yes":
- Do you hire any third party guides for leading these expeditions? YES NO
- Do you use horses or pack animals on these expeditions? YES NO
- Is there any over-water exposure during these expeditions? YES NO
- Do any of these expeditions include over-night travel or camping? YES NO

Range Operations

21 **Types of Range(s) check all that apply:**

<input type="checkbox"/> Indoor Pistol	Number of lanes	<input type="text"/>	Max Caliber allowed	<input type="text"/>	
<input type="checkbox"/> Indoor Rifle	Number of lanes	<input type="text"/>	Max Caliber allowed	<input type="text"/>	
<input type="checkbox"/> Outdoor Pistol	Number of bays	<input type="text"/>	Max Caliber allowed	<input type="text"/>	
<input type="checkbox"/> Outdoor Rifle	Number of lanes	<input type="text"/>	Max Caliber allowed	<input type="text"/>	Max Yardage <input style="width: 100px;" 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	Total number of stations	<input type="text"/>			
<input type="checkbox"/> Skeet	Total number of stations	<input type="text"/>			
<input type="checkbox"/> Sporting Clays	Total number of stations	<input type="text"/>			

- 22 Are Trap & Skeet ranges controlled by range officers at all times? YES NO
- 23 Are all rifle & pistol ranges supervised by range officers at all times? YES NO
- 24 Are all ranges controlled by electronic warning devices designating Hot & Cold range status? YES NO
- 25 Are written rules of the range openly displayed on all ranges? YES NO
- 26 Are all ranges in compliance with recognized and accepted standards? YES NO

If the answer to the above is "Yes", please explain (NRA, NFAA, IBO, NSSF, etc.)

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- 27 Do any employees engage in the collection of spent ammunition on any of the ranges? YES NO
- 28 Is proper personal protection equipment used during the collection process? YES NO
- 29 Do you require regular testing for lead poisoning for these employees? YES NO
- 30 Do you permit the use of automatic weapons on any of your ranges? YES NO
- 31 Do you permit the use of exploding targets on any of your ranges? YES NO
- 32 Do you require the use of ear and eye protection for all employees? YES NO
- 33 Have any of your employees, customers or members experienced a firearm related injury while on your premises over the past three years? YES NO
- 34 Were these incidents properly reported to the police or law enforcement? YES NO

If the answer to the above question is "Yes", please provide a complete description of all firearm related injuries.

Hiring Practices

- 35 Do you require a written application for all employees? YES NO
- 36 Do you require a pathogenic test (Lead) prior to employment? YES NO
- 37 Do you conduct criminal background checks for all prospective employees prior to hiring? YES NO
- 38 Do you conduct routine audio testing on all employees? YES NO
- 39 Do you require pre-employment physicals for prospective employees? YES NO
- 40 Do you conduct pre-employment drug testing on all prospective employees? YES NO
- 41 Do you conduct random drug testing on all existing employees? YES NO
- 2 Do you utilize volunteers in the operation or management of the business? YES NO

If the answer to the above is "Yes", please provide a complete description of the duties performed by these volunteers

Management

- 3 Are all Owners, Principles or Partners excluded from the Work Comp policy? YES NO
- 4 Are any Owners, Principles or Partners active in the operation of the business? YES NO

If the answer to the above is "Yes", please provide detail regarding their duties:

Name	Title	Duties

- 5 Do you offer Health/Medical benefits to all your employees? YES NO
- 6 Do you have a written and formal safety program? YES NO
- 7 Do you offer a light duty / modified duty program for injured employees? YES NO
- 8 Do you conduct routine safety meetings with all employees? YES NO
- 9 Have you had any incidents involving police or law enforcement pertaining to the operation of your business over the past 5 years? YES NO

If the answer to the above is "Yes", Provide a full description of all such incidents

Ammunition Reloading / re-Manufacturing

If you engage in the reloading of ammunition, please complete this section

- 50 How many rounds do you reload on an annual basis? Rifle Pistol Shotgun
- 51 List all calibers of ammunition you reload:

List the make and model number of all equipment used in the reloading process

- 52 How many employees are engaged in the reloading operation?
- 53 What is the average experience level of these employees in the reloading process? (in years)
- 54 Are reloading operations conducted in a location separated from all other operations? YES NO
- 55 Do you require all employees engaged in reloading to utilize protective equipment? YES NO
- 56 List all personal protective equipment utilized:
- 57 On average, how many pounds of powder are stored on premises?
- 58 On average, how many primers are stored on premises?

Facilities Upkeep and Grounds Maintenance

59 Do your employees perform routine grounds maintenance? YES NO

60 Please indicate all duties performed by your employees (check all that apply)

Lawn mowing
 Weed whacking
 Tree Trimming

Target Stand / Target repair
 Snow removal / Plowing
 General building/ mechanical repairs

Plumbing repairs
 Electrical repairs
 Vehicle maintenance

61 Do any of your employees engage in the boarding or care and feeding of livestock? YES NO

If the answer to the above is "Yes", please provide a complete description of these operations.

62 How many employees are involved in facilities upkeep, grounds maintenance or caring of livestock?

63 Do you hire any subcontractors for these operations? YES NO

64 Do you require certificates of insurance from all subcontractors? YES NO

65 Are volunteers utilized in the routine maintenance & upkeep of the premises? YES NO

66 If the answer to the above is "Yes" provide a complete description of the work performed by these volunteers

Affirmation

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct.

This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Signature

Date

Name (Please Print)

Title