

## FIREARMS APPLICATION

### SECTION I - BUSINESS INFORMATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location and Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at  
the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies,  
or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for  
the property to undergo receivership?

Yes No

FEIN:

Applicant is:

Individual

Joint Venture

LLC

Corporation

Partnership

Other – Specify:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

1. Description of Operations:

2. Check all that apply:

Manufacturer, wholesale distributors, direct importers, and retailers

Firearms training center

Gun range

Gunsmith

3. Years in business under the current name:

4. Provide other names under which you have conducted business:

5. Note if your operations include any of the following (check all that apply):

3-D printed products

Armor-piercing ammunition except .22 caliber rimfire "green tip" ammunition weighing 40 grains or less

Binary explosives

Bump fire stocks, slide-fire devices and devices with similar characteristics

Destructive devices

Incendiary ammunition

Muzzleloaders and related accessories including ammunition and powder

"Green tip" ammunition other than .22 caliber rimfire ammunition weighing 40 grains or less

Gun show sponsorships and/or promotions

Novelty guns

Pawn shops / pawn brokers (except in capacity of retailer engaged in trade-ins or used gun sales)

## SECTION II – MANUFACTURERS, WHOLESALERS, AND DISTRIBUTORS

### General Information

6. Applicant acts as a (check all that apply):

Manufacturer

Wholesaler

Importer

7. Total annual sales:

	Sales United States	Sales Canada	Sales U.K., Ireland & Australia	Sales All Other Countries	Sales Total
Upcoming Year (Estimate)	\$	\$	\$	\$	\$
Current Year	\$	\$	\$	\$	\$
First Prior Year	\$	\$	\$	\$	\$
Second Prior Year	\$	\$	\$	\$	\$
Third Prior Year	\$	\$	\$	\$	\$
Fourth Prior Year	\$	\$	\$	\$	\$

8. Breakout of sales estimate for upcoming year:

	Sales		Sales
Ammunition - except green tip	\$	Rifles - bolt action	\$
Ammunition - green tip	\$	Rifles - semi-automatic	\$
Aftermarket parts	\$	Shotguns - pump action and semi-automatic	\$
Handguns - revolvers	\$	Parts- sales to OEMs	\$
Handguns - semi-automatic	\$	Kits	\$
Accessories**	\$	Airsoft, pellet, bb gun	\$
<b>TOTAL SALES</b>			<b>\$</b>

\*\*Accessories include: sights, scopes, rails, bipods, and suppressors but not including unfinished lower receivers (also known as 80% lower receivers or receiver blanks)

9. Do you sell used gun parts?	Yes	No
10. Do you repair or alter firearms?	Yes	No
11. Are all components identifiable and traceable to original source?	Yes	No
12. Provide the name and/or industry of applicants top five (5) customers (Use general fill-in area).		
13. Do you have any retail sales or sales direct to customer?	Yes	No
14. Are all of your firearms manufactured with safety devices or features to prevent them from being fired by unauthorized users as required by USC 18 ((921)(a)(34))?	Yes	No

## Quality Controls

15. If you distribute products manufactured by others:		
a. Do you directly import your final product from a foreign company?	Yes	No
b. Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers?	Yes	No
If Yes, minimum limits of insurance required:		
c. Are you included as an Additional Insured-Vendor under each manufacturer's/ supplier's Product Liability Insurance?	Yes	No
16. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability Insurance?	Yes	No
If Yes, minimum limits of insurance required:		
17. Do you design and manufacture the complete product? If No, descibe component parts purchased:	Yes	No
18. Are all products under applicant's label?	Yes	No
19. Do you manufacture products to the specifications of others? If Yes, do they test the products upon receipt?	Yes	No
20. Do others manufacture, assemble, package or install products under applicant's name or label?	Yes	No
21. Do you manufacture, assemble, package or install products under the label of others?	Yes	No
22. Do you maintain formal written quality control and testing procedures?	Yes	No
23. Do you maintain records of the following:		
a. When and where your product was manufactured?	Yes	No
b. To whom your product was sold and the date of sale?	Yes	No
c. Who supplied the parts and/or supplies going into the product?	Yes	No
d. Changes in design?	Yes	No
e. Changes in advertising material?	Yes	No
24. Are all warning labels and insructions for use reviewed by outside counsel?	Yes	No
25. Are your designs subject to independent external review, testing or certifications?	Yes	No

26. What product(s) has applicant ceased or discontinued manufacturing during the past 10 years and what was the reason?

Do you have formal recall procedures in place?

Yes No

27. Do you have a written procedure, including maintenance of written record, for handling complaints about products and accidents/injuries involving applicant's products?

Yes No

28. Have any of your products been subject to injury or investigation relative to product safety by a governmental agency?

Yes No

29. Is your product designed, labeled, tested, and manufactured to meet or exceed all industry and governmental standards?

Yes No

### Safety Controls

30. Are all of your firearms manufactured with safety devices or features to prevent them from being fired by unauthorized users as required by USC 18 ((921)(a)(34))?  
If No, describe:

Yes No

31. If ammo is imported or manufactured, is there any loading, reloading, storage of such in residential neighborhoods, or within 1000 feet of a school?

Yes No

32. What is the maximum amount of explosive material (e.g., powder, tannerite, etc.) stored?

33. Do you manufacture exploding targets?

Yes No

34. Describe security and safety precautions in place for storage of ammunition and/or explosive materials:

35. Do you offer training or instruction in the use of their products?

Yes No

36. Have any of your products been involved in a mass shooting event?

Yes No

37. If ammunition is sold, are any products of an atypical or specialty nature such as incendiary rounds, armor-piercing, rubber bullet, pepper shot, bean bag rounds, etc.?

Yes No

38. Is any less-than-lethal weaponry (pepper sprayer, mace, Tasers, electro-shock devices, tear gas, etc.) sold?

Yes No

39. Have you been cited by any regulatory agency for violations arising out of business activity involving your product for any reason other than straw sales?

Yes No

## SECTION III – SHOOTING RANGE, RETAIL STORE AND FIREARMS TRAINING

40. Primary description of operations:

41. Fill in applicable sales estimate figures for upcoming year:

	Sales		Sales
Firearms instruction	\$	Gunsmithing	\$
Ranges/clubs (indoor)	\$	Repair of firearms	\$
Ranges/clubs (outdoor)	\$	Archery range (outdoor)	\$
Skeet, trap, and sporting clays	\$	Archery range (indoor)	\$
Sale/ rental of firearms	\$	Sale/ rental of accessories	\$
TOTAL SALES			\$

## Range

42. Is a club membership required? Yes No
43. Are shooter-owned firearms inspected at check-in? Yes No
44. Are eye and ear protection mandatory? Yes No
45. Is a supervisor on duty at all times? Yes No
46. Do you have written rules that are prominently displayed and discussed with shooters prior to use of range? Yes No
47. Are there written safety policies, procedures, or rules for staff/employees? Yes No
48. Are there written safety policies, procedures, or rules for shooters? Yes No
49. Do you require liability waivers to be signed by customers prior to using the range? Yes No
50. Are first aid kits located on each range? Yes No
51. Number of employees with medic first aid certification:
52. What is the distance to the nearest EMS or hospital?
53. Will tournaments or special events be held this year? Yes No
54. Describe your premises security precautions:
55. Describe how ammunition is stored on premises:
56. Number of lanes in range?
57. Is use of exploding targets permitted? Yes No
58. What is the minimum age requirement for shooters?
59. Do you allow rapid fire? Yes No
60. What are the hours of operation for the range?
61. Is a backstop or berm used? Yes No
62. What is the maximum distance of the ranges?

## Retail: For Rent or Sale

63. If you rent or sell firearms, check all types:

	✓		✓
Ammunition - except green tip		Rifles - bolt action	
Ammunition - green tip		Rifles - semi-automatic	
Aftermarket parts		Shotguns - pump action and semi-automatic	
Handguns - revolvers		Parts - sales to OEMs	
Handguns - semi-automatic		Kits	
Accessories**		Airsoft, pellet, bb gun	

64. Do you sell FULLY automatic weapons? Yes No

65. What is the total value of firearms inventory? \$

66. What is the lowest price of any handgun available? \$

67. Is a mandatory "straw sales" training procedure in place? Yes No

Are all employees required to sign off on your "straw sales" policies, regardless of full or part time status? Yes No

Have you, your employees or anyone working on your behalf ever been cited for "straw sales" violation or other unlawful firearm transaction? Yes No

## Gunsmithing

N/A

Answer ONLY if applicant has gunsmithing operations:

68. Do you have gunsmithing operations? Yes No

Associated revenues: \$

69. Are gunsmiths employed or subcontracted? (if subcontracted, attach COI for each gunsmith) Yes No

70. List specific gunsmithing services you offer:

71. Do you alter firearms from original factory specifications? Yes No

72. Do you build or assemble firearms? Yes No

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

## Firearms Training

N/A

Answer ONLY if applicant has firearms training operations:

74. Indicate all instructional courses you provide:

	✓		✓
Home Firearm Safety		Pistol, Rifle, Shotgun	
Muzzle loading		Fully Automatic Tactical	
Reloading Cartridges or Shells		Range Safety Officer	
Self Defense		Law Enforcement	
Personal Protection		Simunition	
Security training		Other:	
Virtual Reality Training			

75. Are you a certified instructor or coach? Yes No
76. List certifications or licenses carried by instructors:
77. Who provides firearms and ammunition used during live fire exercises?
78. If you provide ammunition and firearms, indicate types used:

## SECTION IV – ALL APPLICANTS

79. Are you aware of any incident, condition circumstance, defect or suspected defect in any product of work, which may result in a claim or claims against you that are not listed above? Yes No  
If Yes, describe:
80. Are you aware of any complaint or notice filed in the last three (3) years with any governmental agency, or industry regulatory body including but not limited to the U.S. Consumer Product Safety Commission concerning your product? Yes No  
If Yes, describe:
81. Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product? Yes No  
If Yes, describe:

Note the following documents are material to completion of the questionnaire and must be attached:

- Five-year loss summary based on company loss runs valued within 90 days of the proposed effective date.
- Resume of owner and business license (if new venture).
- Statement of qualifications, brochure or other advertising material.
- Liability waiver (if retailer with gun range or standalone gun range).
- Written safety policies, procedures, or rules for staff/employees and/or shooters.
- Copy of your current Federal Firearms License (FFL).

General fill-in area for further explanation:

## **Fraud Notices**

**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 thereto 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 all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.



### Other State Notices

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**