

FIREARMS APPLICATION

SECTION I - BUSINESS INFORMATION

1. Applicant Name:

2. Mailing Address:

3. Location Address (if different):

4. Website:
5. Applicant is: Sole Proprietor Joint Venture LLC
 Corporation Partnership Other – Specify:
6. Description of Operations:

7. Check all that apply:
 - Manufacturer, wholesale distributors, direct importers, and retailers
 - Firearms training center
 - Gun range
 - Gunsmith
8. Years in business under the current name:
9. Provide other names under which you have conducted business:

10. Please 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 DISTIBUTORS

General Information

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

Manufacturer

Wholesaler

Importer

12. 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	\$	\$	\$	\$	\$

13. 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	\$
TOTAL SALES			\$

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

14. Do you sell used gun parts?

Yes No

15. Do you repair or alter firearms?

Yes No

16. Are all components identifiable and traceable to original source?

Yes No

17. Provide the name and/or industry of applicants top five (5) customers (please use general fill-in area).
18. Do you have any retail sales or sales direct to customer? Yes No
19. 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

20. 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
21. Do you obtain Certificates of Insurance from all suppliers evidencing Product Liability Insurance? Yes No
- If Yes, minimum limits of insurance required:
22. Do you design and manufacture the complete product? Yes No
- If No, describe component parts purchased:
23. Are all products under applicant's label? Yes No
24. Do you manufacture products to the specifications of others? Yes No
- If Yes, do they test the products upon receipt? Yes No
25. Do others manufacture, assemble, package or install products under applicant's name or label? Yes No
26. Do you manufacture, assemble, package or install products under the label of others? Yes No
27. Do you maintain formal written quality control and testing procedures? Yes No
28. 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
29. Are all warning labels and instructions for use reviewed by outside counsel? Yes No
30. Are your designs subject to independent external review, testing or certifications? Yes No
31. 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

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|---|-----|----|
| 32. 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 |
| 33. Have any of your products been subject to injury or investigation relative to product safety by a governmental agency? | Yes | No |
| 34. Is your product designed, labeled, tested, and manufactured to meet or exceed all industry and governmental standards? | Yes | No |

Safety Controls

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| 35. 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 |
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If No, please describe:

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| 36. 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 |
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37. What is the maximum amount of explosive material (e.g., powder, tannerite, etc.) stored?

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| 38. Do you manufacture exploding targets? | Yes | No |
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39. Describe security and safety precautions in place for storage of ammunition and/or explosive materials:

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| 40. Do you offer training or instruction in the use of their products? | Yes | No |
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| 41. Have any of your products been involved in a mass shooting event? | Yes | No |
|---|-----|----|

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| 42. 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 |
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|---|-----|----|
| 43. Is any less-than-lethal weaponry (pepper spruce, mace, Tasers, electro-shock devices, tear gas, etc.) sold? | Yes | No |
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| 44. 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 |
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SECTION III – SHOOTING RANGE, RETAIL STORE AND FIREARMS TRAINING

45. Primary description of operations:

46. Please 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

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

66. Is a backstop or berm used? Yes No
67. What is the maximum distance of the ranges?

Retail: For Rent or Sale

68. If you rent or sell firearms, please 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	

69. Do you sell FULLY automatic weapons? Yes No
70. What is the total value of firearms inventory? \$
71. What is the lowest price of any handgun available? \$
72. 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:

73. Do you have gunsmithing operations? Yes No
- Associated revenues: \$
74. Are gunsmiths employed or subcontracted? (if subcontracted, please attach COI for each gunsmith) Yes No
75. List specific gunsmithing services you offer:
76. Do you alter firearms from original factory specifications? Yes No
77. Do you build or assemble firearms? Yes No
78. Are actions/receivers thoroughly checked prior to assembly? Yes No

Firearms Training

N/A

Answer ONLY if applicant has firearms training operations:

79. Please 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			

80. Are you a certified instructor or coach?

Yes No

81. Please list certifications or licenses carried by instructors:

82. Who provides firearms and ammunition used during live fire exercises?

83. If you provide ammunition and firearms, please indicate types used:

SECTION IV – ALL APPLICANTS

84. 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, please describe:

85. 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, please describe:

86. 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, please describe:

Please 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 OR

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:

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.

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.