



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

FIREARM DEALERS

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Contact Person: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

| | Coverage: | Coverage: | Coverage: |
|-----------------|-----------|-----------|-----------|
| Company Name | | | |
| Expiration Date | | | |

| | | | |
|----------------|----|----|----|
| Annual Premium | \$ | \$ | \$ |
|----------------|----|----|----|

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

| | | | |
|-----------------------|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | \$50,000/\$100,000 | <input type="radio"/> | \$25,000/\$50,000/\$100,000 |
| <input type="radio"/> | \$150,000/\$300,000 | <input type="radio"/> | \$75,000/\$150,000/\$300,000 |
| <input type="radio"/> | \$250,000/\$1,000,000 | <input type="radio"/> | \$100,000/\$250,000/\$1,000,000 |
| <input type="radio"/> | \$500,000/\$1,000,000 | <input type="radio"/> | \$250,000/\$500,000/\$1,000,000 |
| <input type="radio"/> | Other: _____ | <input type="radio"/> | Other: _____ |

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. Membership

- Indicate those organizations to which you belong:
 NAFLD NRA NSSF ASSC NASGD Other: _____
- State all classes of Federal Firearms Licenses which you hold: _____
- Federal Firearms Licenses Numbers: _____
 Please attach copies of your Federal Firearms Licenses.

5. Business Information

- Indicate all operations which apply to your business:
 Wholesale/Distributor Retail Sales Gunsmithing/Gun Repair Range
 Ammunition Manufacturing (including Reloading)
 Manufacturers of any Product -- Submit detailed narrative about the product(s) together with whatever literature, brochures, or samples are available.
 Other: _____
- Do you rent, lease, or loan any firearms or equipment? Yes No
- How are your employees trained? _____

- Have you and your employees read and understood form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black powder, and smokeless powder? Yes No
 If not, it is imperative that you do so.
- List specific training seminars attended, if any: _____

- Indicate the type of alarms on the premises?
 Burglar Fire Smoke Local Central Station

7. Do independent gunsmiths do any work for you? Yes No

Attach a copy of the Gunsmiths' Certificates of Liability Insurance.

8. Please also attach the following items:

- a. Pictures of the exterior and interior of your facilities that will adequately display your facilities.
- b. If you lease the premises, a copy of the portion of the lease which shows insurance requirements.

9. What were your Gross Sales/Receipts last year? \$ _____

10. What are your projected Gross Sales/Receipts this year? \$ _____

11. What is your projected Payroll this year? \$ _____

12. Please provide estimated sales for each Classification, rounding off to the nearest thousand dollars. If you have no sales for a particular Classification, indicate that by writing "none" for that Classification.

| Classification | Estimated Sales/Receipt |
|--|--------------------------------|
| Wholesale or Distributor | |
| Firearms, Ammunition & Associated Products* | \$ _____ |
| All Other Products (Described in Checklist Below) | \$ _____ |
| Retail Sales | |
| Firearms, Ammunition & Associated Products* | \$ _____ |
| All Other Products (Described in Checklist Below) | \$ _____ |
| Gunsmithing/Gun Repair** | \$ _____ |
| Manufacturing of Reloaded Ammunition** | \$ _____ |
| Manufacturing of New Ammunition (Include Imported Ammo)* | \$ _____ |
| Bullet Mfg.** | \$ _____ |
| Firearms Instruction | \$ _____ |
| Ranges/Club (Indoor)** | \$ _____ |
| Ranges/Club (Outdoor)** | \$ _____ |
| Skeet, Trap & Sporting Clays** | \$ _____ |
| Archery Range (Indoor)** | \$ _____ |
| Archery Range (Outdoor)** | \$ _____ |
| Custom Stocker*** | \$ _____ |
| Custom Barrel Maker*** | \$ _____ |
| Associated Classes*** | \$ _____ |
| Total Estimated Sales/Receipts | |
| \$ _____ | |
| (this should equal your projected Gross Sales/Receipts) | |

* Associated Products include component parts of ammunition and firearms (Assemblies, Magazines, Clips, etc.). Holsters, Scopes, Gun Racks and Cases are considered "All Other Products."

** The appropriate Supplemental Questionnaire must be completed.

*** Submit a detailed narrative on products together with literature, brochures and samples of packaging indicating instructions and warnings.

All Other Products Checklist

1. Please check those products below which are presently held for sale. Also, if certain products were sold in the past, but have since been discontinued, then indicate as such.

- Apparel/Clothing
- Archery Equipment
- ATV or Other Recreational Vehicles
- Automobile Parts and Accessories
- Baseball, Hockey or Football Equipment
- Bicycles
- Boats, Wave Runners or Jet Skis
- Chain Saws
- Farm Machinery or Equipment
- Food or Snacks
- Fuel Oils, Kerosene, Propane Gas
- Gymnastics Apparatus
- Gas Stoves (Portable Type), Kerosene or Electric Stoves, or Space Heaters
- Ice or Inline Skates
- Liquor or Beer
- Martial Art Supplies
- Paint Ball Equipment
- Police Protective Equipment or Bullet Proof Vests
- Scuba or Skin Diving Equipment
- Skiing Equipment
- Tree Stands, Tree Steps or Similar Devices
- Weight-Training and Exercise Equipment

2. If your sales include items not listed above, please provide examples: _____

Products (please provide brochures)

1. Indicate all sources of products you purchase for resale. (i.e. your suppliers)

- U.S. Manufacturer, Distributor or Wholesaler
- Direct Purchase from Foreign Manufacturer
- Trade-Ins or Trade Shows
- Other: _____

2. Have you ever directly imported firearms from a foreign company? Yes No

3. If you are a Direct Importer, are you named on the Foreign Manufacturers' Liability Insurance Policy as an Additional Insured? Yes No

If yes, please provide a copy of the policy or a Certificate of Insurance naming you as an Additional Insured.

4. If you are a Wholesaler or Distributor, are you named as an Additional Insured on a Manufacturers' or Importers' Products Liability Insurance policy? Yes No

If yes, please provide Certificate of Insurance.

5. Do you annually update these Certificates of Insurance? Yes No

6. Do you sell by Mail Order? Yes No

If yes, describe products sold or provide us with your catalogue or advertisement: _____

7. Do you sell by Internet? Yes No

If yes, describe products sold and provide us with your Internet address: _____

Ammunition/Powder

1. How much Black Powder do you display? _____ lbs.

2. How do you store your stock of Black Powder that is not displayed? (type of magazine and/or container): _____

3. How much Smokeless Powder do you display? _____ lbs.

4. How do you store your stock of Smokeless Powder that is not displayed? _____

5. Has your local Fire Department approved your storage of Black and/or Smokeless Powder? Yes No

If not, why? _____

If yes, attach written approval, if available.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name