



**James River Insurance Company and its Subsidiaries**

6641 West Broad Street, Suite 300  
Richmond, VA 23230

**Gun Shop and Shooting Range Application**

**SPORTS & ENTERTAINMENT Division**

Email to [SE@jamesriverins.com](mailto:SE@jamesriverins.com) or,  
Fax to 804-420-1054

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**GUN SHOP AND SHOOTING RANGE SUPPLEMENTAL APPLICATION**

Named Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Risk Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

1. What are your days & hours of operation? \_\_\_\_\_
2. Are customers ever permitted to test-fire guns on the premises?  Yes  No  
If so, where & under what circumstances? \_\_\_\_\_
3. Does the applicant have a valid federal firearms license?  Yes  No
4. Does the store have a "bound book" (ATF Form 4473)?  Yes  No
5. How are firearms stored? \_\_\_\_\_
6. Are all firearms products purchased from U.S manufacturers or U.S. distributors?  Yes  No  
If no, what are the percentages that are directly imported from a foreign country? \_\_\_\_\_ %
7. Does the applicant sell any hand loaded or reloaded ammunition?  Yes  No

**Shooting Range:**

1. Is the range in compliance with any recognized standards?  Yes  No  
If so, please list: \_\_\_\_\_
2. Does the range have any age restrictions?  Yes  No  
If yes, please describe: \_\_\_\_\_
3. Does the range have any league or competitive shooting?  Yes  No  
If yes, please describe: \_\_\_\_\_
4. Are shooters required to sign liability waivers?  Yes  No  
**If yes, attach copy.**
5. Are shooter-owned firearms inspected upon entry?  Yes  No
6. Are eye and ear protection mandatory?  Yes  No
7. Is a supervisor in immediate range area at all times?  Yes  No
8. Does the applicant have written rules in place?  Yes  No
9. Are these rules prominently displayed?  Yes  No
10. Are these rules discussed with shooters before they shoot?  Yes  No
11. Do you provide rental or loaner firearms or other equipment?  Yes  No  
If yes, please describe: \_\_\_\_\_

**Gunsmith Operations:**

- 1. Do you provide gunsmith service?  Yes  No
- If yes, provide number of gunsmiths: \_\_\_\_\_
- If yes, provide total payroll for gunsmith: \$ \_\_\_\_\_

**Estimated gross revenue for the next 12 months:**

- 1. Revenue from firearm ranges: \$ \_\_\_\_\_
  - 2. Revenue from archery ranges: \$ \_\_\_\_\_
  - 3. Revenue from sale of firearms: \$ \_\_\_\_\_
  - 4. Revenue from sale of ammunition: \$ \_\_\_\_\_
  - 5. Revenue from sale of sporting goods: \$ \_\_\_\_\_
  - 5. Other Revenue, describe: \_\_\_\_\_ \$ \_\_\_\_\_
- Total Annual Receipts \$ \_\_\_\_\_**

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:	Producer's Signature (if applicable):
_____	_____
Applicant's Name (print):	Producer's Name (print):
_____	_____
Date (MM/DD/YY):	Date (MM/DD/YY):
_____	_____